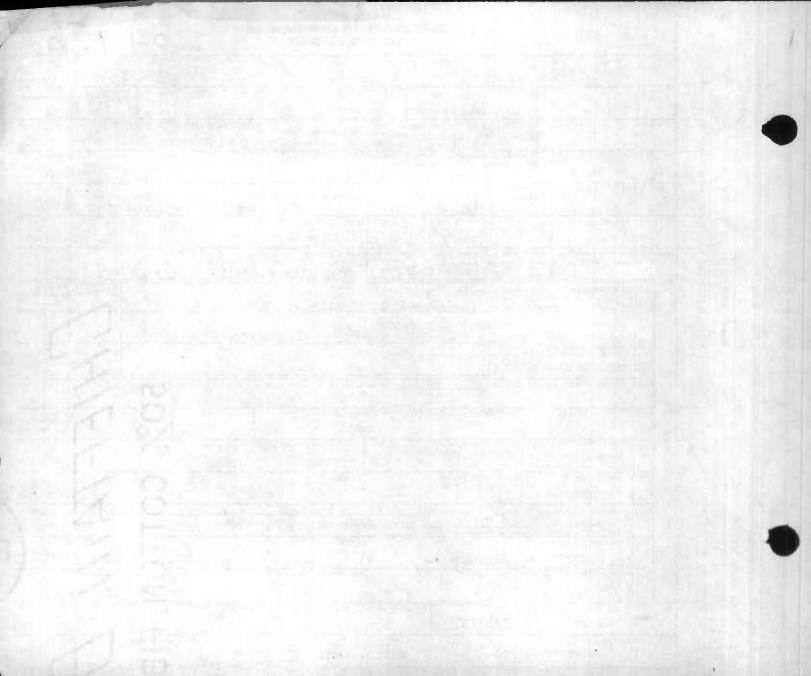
No.	FOR	STATE OF MAI DEPARTMENT OF HEALTH A	9 -	4130
	- STATE REGISTRAR	CERTIFICATE O		4 106
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
	WILLI	Am Chester DAIL	-7 05	-13-85 1945
3	SEX 4.	RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
1	Male	Caucasion 01 - 10	10 10	YRS.
507	BIRTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	VER MARRIED 9 BALTIMORE CITY OR CO	UNTY OF DEATH
4 /		U.S.A. WIDOWED	DIVORCED BALTIMOR	
1210	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS
10	BALTIMORE	SOUTH BALTIMORE GE	NERAL	
35	SUAL RESIDENCE IF NURSING HOME OR OTHER	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 130 INST BALTIMORE YES X	DE CITY LIMITS? 130.STREET ADDRESS / ZIP	CODE 21228 YBRIGHT RD
g) 14	FATHER'S NAME		HER'S MAIDEN NAME	TAST
1/2	BENJAMIN	DAVEL	BIRDIE	DEVESE
,	WAS DECEASED EVER IN U.S. ARME	48 OR D 4755)	DRMANT ADDRESS	
B /	Yes. Army		. Rita E. Daily - Same	as #13
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED I	one couse per line for (a), (b), and (c)	1 1 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	IMMEDIATE		static Ca	
		DUE TO, OR AS A CONSEQUENCE OF	1 1-1-	
	Conditions, if ony, which gove rise to immediate	(b) above and n	nalnutrition	
	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		
	DART 2 OTHER SIGNIEICANIT CO	((c)	ATED TO THE TEDANINAL DISEASE OF CONDITION	ANI CRIENI INI RADI 14-
hark		TOTAL CONTRIBUTING TO DEATH BUT NOT RELEA	ATED TO THE TERMINAL DISEASE OR CONDITIO	IN GIVEN IN FART 110
7	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 200 AUTOPSY? 206	IF YES, WERE FINDINGS USED
7	É		YES NO	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
	21a. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR	W INJURY OCCURRED (ENTER NATURE OF INJURY IN II	EM 18 PART I OR PART 2)
9	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
1	(IF EITHER NOTIFY MEDICAL EXAMINER) 214. IN JURY OCCURRED	216. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	STREET CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	The state of the s		
	22a.1 certify that (1) (this haspital		19.85 , to 2/13	. 19 <u>85</u> , that (I) (we)
	sow the deceased alive on abave, (1) (we) (did) (did not) v	2 13 19 95 and that in new the body after death.	(my) (our) apinion death accurred on the date of	nd hour and from the causes stated
	226. SIGNATURE	DEGREE	ATTENDING MEDICAL CTAFF	22c. DATE SIGNED
1	Wilcottle F	Jahren M.L	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/13/85
7	224 PHYSICIAN'S NAME (TYPE OR PI			
V	W. RAHM	1NG 3	1001 S. HANOVEK S	1, 21230
2	(SDECIEV)	236. NAME OF CEMETERY	OR CREMATORY 23d LOCATION	COUNTY STATE
	Removal	2/14/85		
2	FUNERAL DIRECTOR NAME Anatomy B	oard ADDRESS Balto M	DATE REC'D. BY REGISTRAR 256 R	REGISTRAR'S SIGNATURE

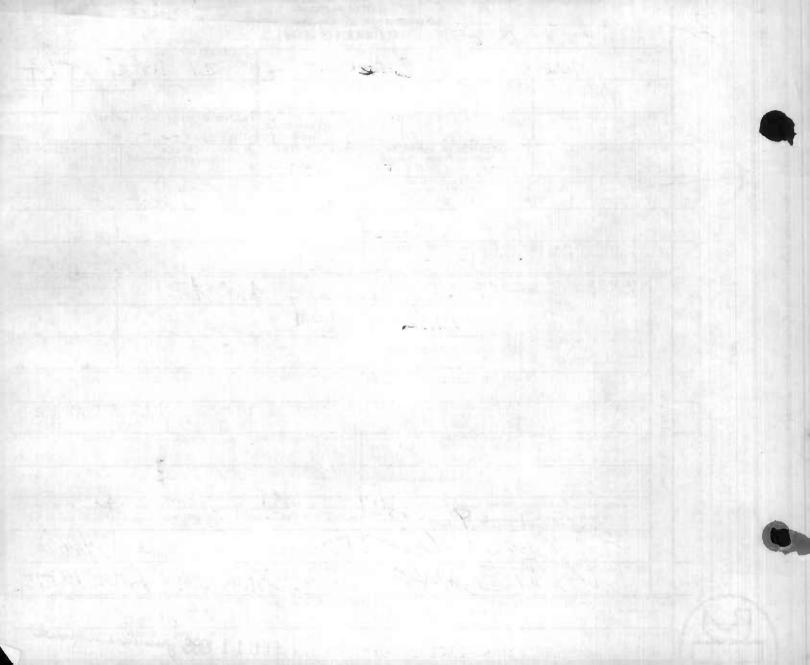


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		t, Inc. Baltimore, Mar	countd J. Inc	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Coor All Land Colonia 1881

Contract to the second of the 27-16 6



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

2 19 65 4 VOVE SHACE C. ASTERNATED SERTING SECRET FOR SERVICE MESERS TO SERVICE STREET 82218 14541 5722 X 284274 = 44444 51528 replant - prince Course NE PERESTES OF FRANCE, I'M SINCE, I'M CALBIC PLEASING THEEST TO TO THE 30 31 F. 3750139 military of the second of 2018/85 " (plens -- 1 1 24 m 2 PT 85 2 19 85 west follow Des mo. Russille Trekson in a abson pall his

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONT 2-10-85 OF ESTI-LORRAINE DAVENPORT SCOTT 4. RACE IF UNDER 24 HRS DAY 2d HOUR SEX LAST BIRTHDAY PRONOUNCED Female 11:29 DEAD 17 1930 54 Black 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED FOREIGN COUNTRY Maryland Baltimore City U. S. A. DIVORCED WIDOWED [ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Manor HI11 FOR MOST OF WORKING LIFE! Johns Hopkins Hospital Baltimore Food Mixer Salad Co. 13e STREET ADDRESS 1404 N. Aisquith St. 13d. INSIDE CITY LIMITS? 136 COUNTY Baltimore Baltimore, Maryland 21202 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Margurite Kane Kenneth Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AB102 16th St. N. W. Apt. B. DIVISION LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 218-28-6085 Elizabeth K. Rycraw Wash. D. C. 20010 No. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) Dissecting aneurysm of thoracic aorta DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BOILY) YES X NO ARDED TO THE CHANGE 3 SHOULD BE UNTER DEPARTMENT CHANGE BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 711. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 226. I certify that I took charge of the remains describe ODVE, hONLY) Autopsy X Inspection Inquiry and in my opinion Natural causes X Accident Suicide death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) SIGNATURE _MEDICAL EXAMINER ADDRESS 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. 231 NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 2/16/1985 Arbutus Memorial Park Baltimore, Maryland Burial 07/84 25M 2501 Gwynns Falls Parkway 250. DATE REC'D. BY REGISTRAR 256. DEGISTRAR'S SONATURE 2 NUTEL ELIRET Bons **DHMH - 17** Funeral Home Inc. Baltimore, Maryland 21216 (VR A15 ME (5))

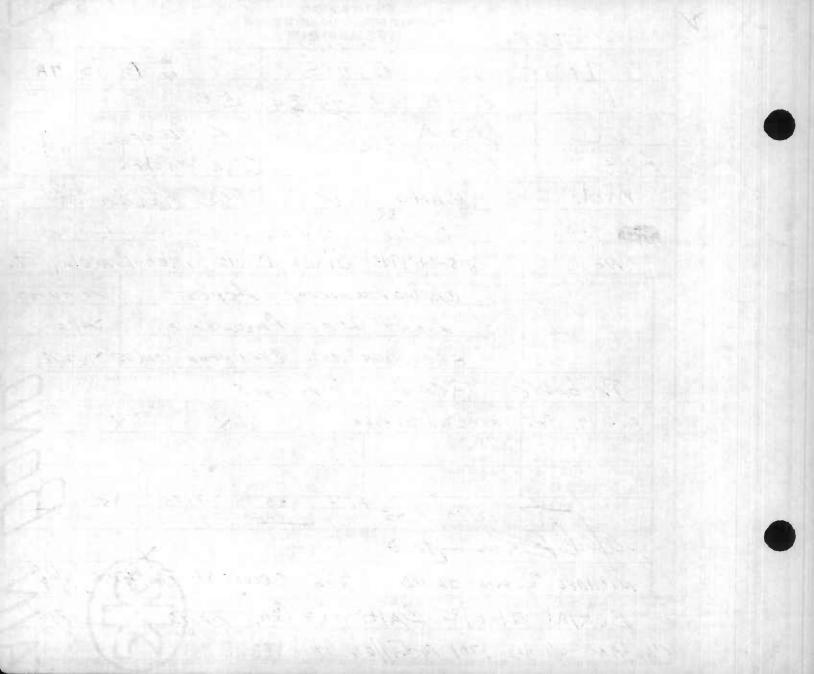
Maile a place rln . Salad Co. Idea is a standard of Baltimore, Marylant 21202 PROMITTING. H BOKENS ad Printreol n on .W. st Gal Cole .s .sv. 238-28-8085 Elizabeth X. Syceny Wash. D. C. 20010

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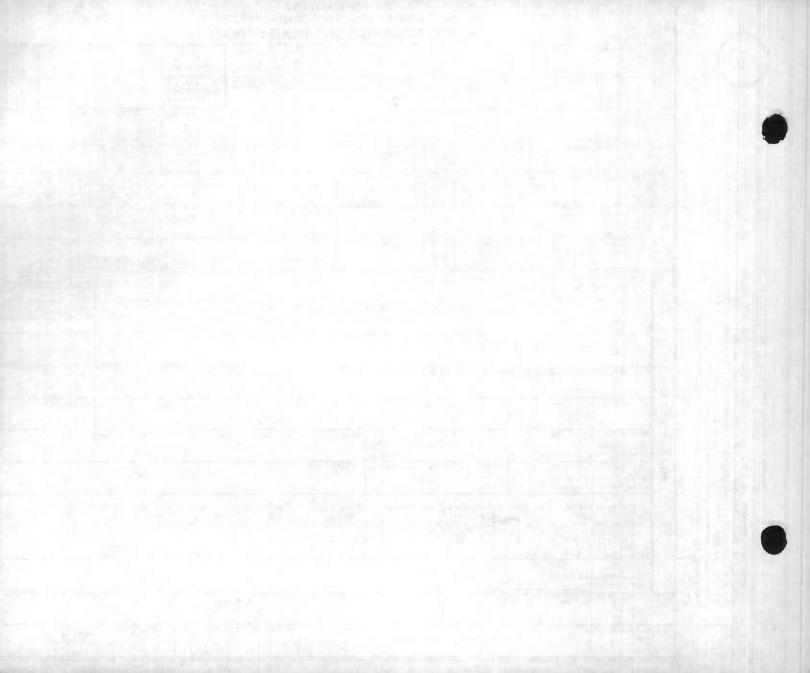
Sur. 1 / 1/ 185 Ariutus Mocast 1 mr Mutter John 201 S mns John Frank Errend Home In . 8411 vr., 1871 nd 21 1

11	1.	FOR STATE REGISTRAR		ATE OF DEATH		0411.4
1 7 6		JOHN	WESCEY)	DAVID	REG. NO 20 DATE OF DEATH 2 - 14	AONTH SOAY YEAR 126 HOUR
PESO, po on other o	1. SE		DATE OF E MONTH June	BIRTH DAY 11 1898	6. AGE (IN YEARS LAST BIRTH	
77		S.C	CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED	DIVORCED [9 BALTIMORE CITY OR	TO. CITY MO
	USU	RESIDENCE (IF NURSING HOME OR OTH	NAME OF HOSPITAL, NURSING HOME OR OUT IN SUCH FACILITY, GIVE STREET ADDRESS! ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	HACUST	12a USUAL OCCUPATION OF WORK FOR MOST OF	
thin 24 h	1	THER'S NAME	CTO BALTO 13	ME INSIDE CITY LIMITS? YES NO [] S. MOTHER'S MAIDEN NAM	13e STREET ADDRESS AE	DOWNHALDST
1 1 300	16a \	VAS DECEASED EVER IN U.S. ARMEI	P DAULD DE PORCES? 1166 SOCIAL SECURITY NO. 17	LIZ 7. INFORMANT	ZIE ADDRES	DAVID
to Foge		PUNKNOWN) (IF YES, GIVE WI	TOS-09-730)	DIANA	DUKE	S (SISTUR) Y
o physic co pope rentocal event, g		18 FAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C		many an	ist.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of by the attendance and at comments. or other troumath		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Chemic Alco DUE TO, OR AS A CONSEQUENCE OF (c)	Migm, E.	malnufrit	ion.
equires 1 signed 1 to Burn mjury, o	NO	PART 2. OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 1(o)
he low read to be forward to be forward to be be forward to be be forward to be forwar	CERTIFICATION	14s DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V	WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SKIAN 1 ng physic certricols mal-trom mental thys	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	ii. HOW INJURY OCCURRI	ED (ENTERNATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
MG PHY offertha hand M sheed or	MEDICAL	AT WORK TO THE TOTAL TO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	II LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDE ATTENDE OCTOR: A differ use to all fleet		220.1 certify that (I) (this hospital), sow the deceased alive an above, (I) (we) (did) (did not) vi	ew the body after death. 19 55, and t		, to 2 = // eoth accurred on the dat	e and hour and from the causes stated
TAL OR AN THE hor And DIRECTOR CONTRACTOR CO		276 SIGNATURE SIGNATURE	h M	ATTENDING PHYSICIAN	MEDICAL STAFF	27t. DATE SIGNED
O HOSPITA To FUNER To FUNER Hould be d		22d. PHYSICIAN'S NAME (THE OR PRI	SHAH.	2e ADDRESS		
BP	23a. E	BURIAL 2	236 DATE 236 NAME OF CEM 2-19-1985 CROWNSV	ILLE VET.	CROWNSVI	LLE COUNTMARYLAND
DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR NAME OWN/THOMPSON]	F.H. 1913 W. BALTI	PT 444	B 1 9 1985	Sh. REGISTRAR'S SIGNATURE

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4	1.	FOR STATE					MENT OF	HEALTI		ENTAL			0	4	1 0	0	
		REGISTRAR			MEI	DICAL	EXAMIN	ER'S	CERTIFIC	CATEC	OF DEA	HTA	REG.	NO.			
1		CEASED NAME	FIRST			MIDDLE			LAST			20 DATE	KNOWN	K) MONT	H DAY	YEAR	2b. HOUF
	() III	E OR PRINT)	Joseph	ine				D	avis			OF DEATH	ESTI- MATED	□ 2	/ 17/	19 85	
	3. SE)		. RACE		OF BIRTH	YEAR	6. AGE (IN YE.			IF UNDER		2c. DATE	1650	MONT	H DAY	YEAR	24 HOUR
	F	'emale	Black	11	10	22	62 Y		HS DAYS	HOURS	MIN	PRONOU!	NCED	2.	/ 17/	19 85	A M
-	7a. B	RTHPLACE (ST.		76 CITIZI	EN OF WH			8. MARR	IED X NEV	/FP MAPP	IED []	9 BALTIN	AORE CIT	Y OR COU			
5		ryland	3	U	.S.A				VED 🗆	DIVORO	-	Bal	timor	ce Ci	ty,		MD
		TY OR TOWN		II. NAM	E OF HOS	PITAL, NU	RSING HOME	, OR OTH	IER INSTITUT	TION		JAL OCCU	PATION (K 12b KIN	INDUSTE	SINESS
2		Baltim	ore		09 N.		can				FOR	MOSI OF WOI	RKING LIFE)		OK	IIADOSTI	CT .
-	USU/	L RESIDENCE	IF IN NURSING HOME O	OR OTHER INS	TITUTION, GR	VE RESIDENCE	OR TOWN	ON)	113d. INSIDE CI	TV + David C 2	las. cro	EET ADDRI	566				
2		arylar					timor	0	YES X	NO [9 Dui		Str	eet	212	3.1
1		THER'S NAME						~	15. MOTHE	R'S MAID							31
1	-	Taylor		WIDDIE			irt.			seph	ine	٨	AIDDLE		l	AST	
	160 V	VAS DECEASED	EVER IN U.S. ARA				CIAL SECURIT	Y NO.	17. INFORM	MANT	ITIIC		ADDRE	ESS			
	{Y	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATE	ES)	212	2-56-7	020	Jes	sie	W . 1	Davi	5 50	8 Ma	deri	a S	+
		18 CAUSE OF	DEATH (Enter on	ly one cou	se per line			020	1 000	010	****	DQ VI.	5 50	0 110	AP	PROXIMATE	INTERVAL
		PARTIDE	ATH WAS CALISED	DRV			tensive	Car	diovas	cula	r Di	Sease			BETW	EEN ONSET	AND DEATH
OR REMOVA			IMMEDIA				NSEQUENCE (G.LOVOL	ocara		ocabe					
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4			to immediate stating the under-	<	(b) IE TO. OR	AS A CO	NSEQUENCE (OF.									
		lying caus													-		
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-	ATE	19a DATE OF	OPERATION	19:	CONDI	TION FOR	WHICH OPER	ATION V	AS PERFOR	MED?					12D A	UTOPSY?	
2	FF			- 11											· ·	ES 🗆	NO [X]
2	CERTIFICATION	210 EXTERNA	L CAUSE WAS		TIME OF				OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM	18 PART I OR		., []	,40 0
1		UNDERLYING	OR IG CAUSE OF D		OUR A.M			2									
	MEDICAL	214 INDITION O	CCLIBBED	21	e PLACE C	OF INJURY	19 (ATHOME,		CATION								
	ME	WHILE AT WORK	NOT WHILE		STREET, FACT	ORY, FARM, E	TC.)		STREET			CITY OR TO	NW		COUNTY		STATE
											(F)						
			y that I took chorg				ove, held an	Autop	osy L.	Inspectio	on KJ.	Inquiry	<u></u> Ц, _	ond in my	opinion		
	1	death resulte	d from: Natur	ral causes	IXI.	Accident	L, Su	icide	, Homic	ide	Undet	ermined m	anner _				
		ACTUAL A	600	8.	17/	A	4,51	A	TITLE (SI					DAT	re	0/17	105
a.		SIGNATURE_	well	w	· /X	july	11/1	MIL	ASS:	ıstan	IT_MED	ICAL EXAM	MINER	SIG	NED	2/17	/85
7		EXAMINER'S	NAME _		-	1	34 D				77	1 De-	m CL				
		(TYPE OR PRIN	IT)D€		F.º		, M.D.		ADDRESS_			l Pen	III ST	•			
	23a.B	BÜR IAI	ION, REMOVAL 2		2/05		NAME OF CE				23d. LC	ORTOWN			YIMUC	ST	
		DUR LAL		4/2	2/85	E	Baltim	ore				altin			FERNIA	Md.	•
			ch F/H	Inc	ADDRESS	01 1	Nort	h A	venua	ZOU. DATE	A O	REGISTRA	AK SO RE	David	wa- ha	ndale	130
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FOR - STATE REGISTRAR

3. SEX

page

DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

LAST

DAVIS

5. DATE OF B

CERTIFICA

ATE OF DEATH	REG. NO.		
	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	02/28	/85	2:45pm
IRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
25 1903	81	MONTHS DAYS	HOURS MIN.

MIDDLE

MALE WHITE JUNE BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY U.S.A. MARYLAND

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CARROLL

9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TEST DESKMAN C & P TELEPHONE

ALTIMORE CITY ST. AGNES HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN

BALTIMORE

MIDDLE

J.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),

4 RACE

13d. INSIDE CITY LIMITS? NO IX

13e STREET ADDRESS / ZIP CODE 109 N. SYMINGTONAVE. 21228

MARYLAND 14 FATHER'S NAME WILLIAM

ILCITY OR TOWN OF DEATH

LAST DAVIS 166 SOCIAL SECURITY NO

17 INFORMANT

TUCKER ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO

PART I. DEATH WAS CAUSED BY

WILLIAM

212-05-0645

CATONSVILLE

L. VIRGINIA DAVIS 109 N. SYMINGTON AVE.

15. MOTHER'S MAIDEN NAME

CAROLYN

21228

IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF ARDIOVASCULAR TERI OS CLEROT DUE TO, OR AS A CONSEQUENCE OF

ART	2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE OR CONDITION GIVE	EN IN PART TO

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR

TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

CITY OR TOWN

HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

19 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

200 AUTOPSY?

NO

sow the deceased alive on.

220.1 certify that (+ (this hospital) attended the deceased from FEBRUARIE 95

and that in (my) (come apinion death occurred on the date and hour and fram the causes stated

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

above, (1) (we) (did) (did not) view the body after death 226. SIGNATUR

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

St. Agnes Hospital, Baltimore, md.

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

WOODLAWN

COUNTY STATE MARYLAND

BURIAL

CERTIFICATION

00

MPORTANI

\$ G

MARCH4, 1985 LORRAINE PARK CEMETERY LEROYAM. & RUSSELL C. WITZKE FUNERAL HOME OF CATONSVILLE 1630 EDMONDSON AVENUE BALTIMORE MARYLAND

Feb. 28

250 DATEREC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE a cardon Gandell

DHMH - 16 50M 4/83 (VRA 15, 4)

1 (a)			ndCrowth		
	or i de dir u	ENdo-10			
				A.A.	
			L. W.		

- 1		REGISTRAR Mary R.	•	CERTIFICATE OF DEATH	REG. NO.	
		TASED NAME FIRST	MIDDLE	DAYBALL	28. DATE OF DEATH MONTH D. 2 9	85 FM
	1.50	F Female	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 5. DATE OF BIRTH		IF UNDER 1 YEAR F UNDER 23 HRS ONTHS DAYS HOURS MIN.
15		RTHPLACE (STATE OR FORFIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	
77	II CI	BALTIMORS	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
35	120.5	RESIDENCE OF NURSING HOME OR OF THE PERSONAME	Y 13c. CITY OR TOW	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	Secretary 136 STREET ADDRESS / ZIP CODE AME	School-Nursing 21228 SON AVE
30)	tjikst M		ADY MARY	A. Ka	MAUGHAN
2			MED FORCES? 166 SOCIAL SECU	-3468 Thomas H. Dayba	ADDRESS all 1205 Edmondson Ave	21228 e. Catonsville. Md
		PART I. DEATH WAS CAUSED IMMEDIATE	BY: CARDI		REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	No	Conditions, if ony, which gove rise to immediate couse to!, stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU	SEPSIS		7 year?
2	TIRCATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
9	MEDICAL CERTIF	2) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NO LIFY MEDICAL EXAMINER)	P.M.	19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, SIREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hospital saw the decoyed alive on above. (1) (we) (did) (did nat)		§ 5 , and that in (my) (our opinion	to Feb 9	
		226. SIGNATURE Charles	xuharan.		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 2/9/85
/		22d. PHYSICIAN'S NAME JUNEOR	L J. BUCHAI		REENE ST. BAG	TO MD
	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Burial		name of cemetery or crematory udon Park Cemetery	CITY OR TOWN	Md.
3	24. Ft	Burial NERAL DIRECTOR 1630 Edit Provential Russell C.	nondson Ave. Catons	ville, Md. 21228 250. DA	TE REC'D. BY REGISTRAR 256, REGISTR	

4 28 9 4 THE RESERVE OF THE PARTY OF THE to a second Surgary Carrier Merchant OR STAND TO WIND OF THE WHITEHOUTE THE WAR DIFFER A ALIGNA DI DE LA SABELLA SABEL

200

- STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

B FAMILY W Total conclusion of the conclu AND CHAIR CARE SECTION OF SECTION OF AND SECTION When the said the said of the The second secon BUNDE PARKET THE GOOD SENT JANGE SHIPS

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the functional should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with a should be filled with a State Dept of Mealth and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examine muture.

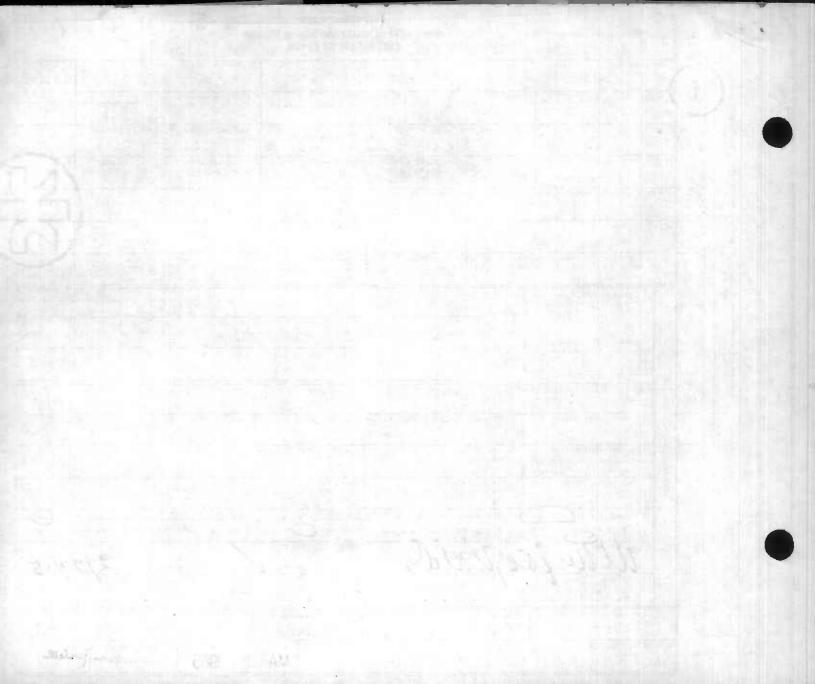
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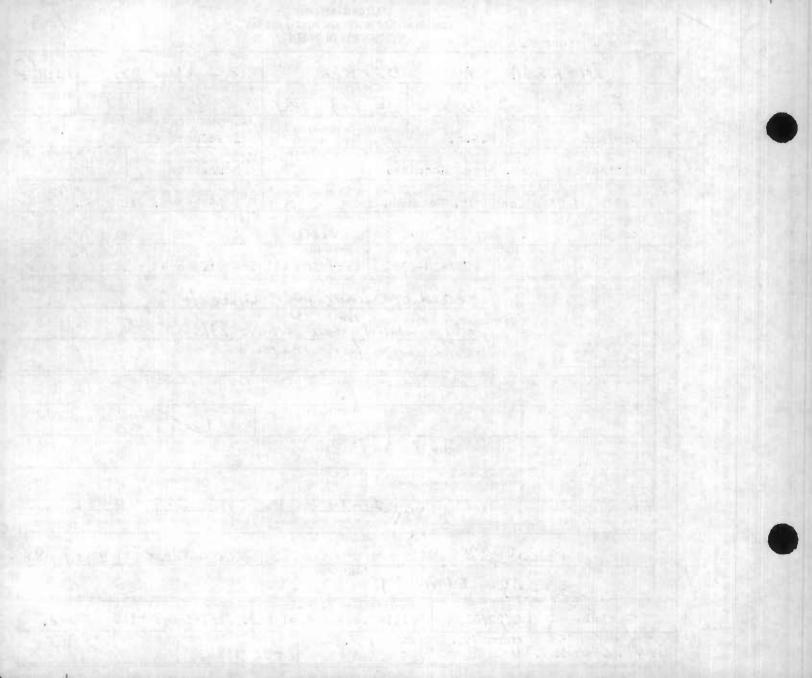
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIS	TRAR				CERTIF	ICATE OF D	EATH	REG.	VO			
DECEASED		FIRST	M	NIDDLE	DHDDD	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	MACC		DEBREAUX					February 27, 1985 12:0				
Mal Mal	е	1	Blac	ck	5. DATE (2°11°	6. AGE TIN YEARS LAST E	IRTHDAY) YRS	IF UNDER 1 YEAR	R IF UNDER 24 HRS	
7a BIRTHPLA	N.C.	REIGN 76	CITIZEN OF V	VHAT COUN JSA	MARRIE WIDOWE	D NEVER A	AARRIED T	9 BALTIMORE CITY Balti	_		MD	
10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)							ITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
MD STATE	13	SHOME OR OF			JOWN IMORE	13d INSIDE C	ITY LIMITS?	3 STREET ADDRESS	álla	Š Ct.	21231	
) S	amuel	11		oreau	X		MAIDEN NAM	WIDDIE		ephens	ön	
	EASED EVER IN		ED FORCES? WAR OR DATES)		SECURITY NO. 40-780'	17 INFORMA Irma		ey Rt. 1		77 Jac	kson, 1	
18 CAL	JSE OF DEATH	Enter only S CAUSED	one couse per l BY: PI	ROBAB	LY ACU	ГЕ МҮО	CARDIA	L INFARC	TION	APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEATH	
gove couse under		diote the lost.	DUE TO, OR	AS A CONS	EQUENCE OF	94		A I LURE	NDITION G	IVEN IN PART 1	10	
CERTIFICATION 190 DAI	E OF OPERATIO)N	196 CONDIT	ION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE	INGS USED S OF DEATH?	
	CIDENT WAS UNDER TRIBUTING CAL TER NOTIFY MEDICAL	JSE OF DEATH	216 TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
WHILE AT WORK	NOT WHILE		21e PLACE C		FFICE FARM ETC)	211 LOCATIO	N .	CITY OR I	OWN	COUNTY	STATE	
								eoth occurred on the				
216	Melle	i Ra	2020	ula		DEGREE		MEDICAL ST.	AFF ICIAN [21c. DATI	27/85	
	. IMPA		,	, M.D		77e ADDRES		CHURCH HADWAY, BA	OSPI		1231	
230 BURIAL, ((SPECIFY)	REMATION, RE	MOVAL	23b. DATE 3/4/8		23c NAME OF C			234 LOCATION CITY OR TOWN Richs	quare	COUNTY	N.C.STATE	
24 FUNERAL	DIRECTOR			ADDR	North			REC'D. BY REGISTRA	PLACE DECIS	JRAR'S SIGNA	TUDE	

DHMH - 16 60M 7/ (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

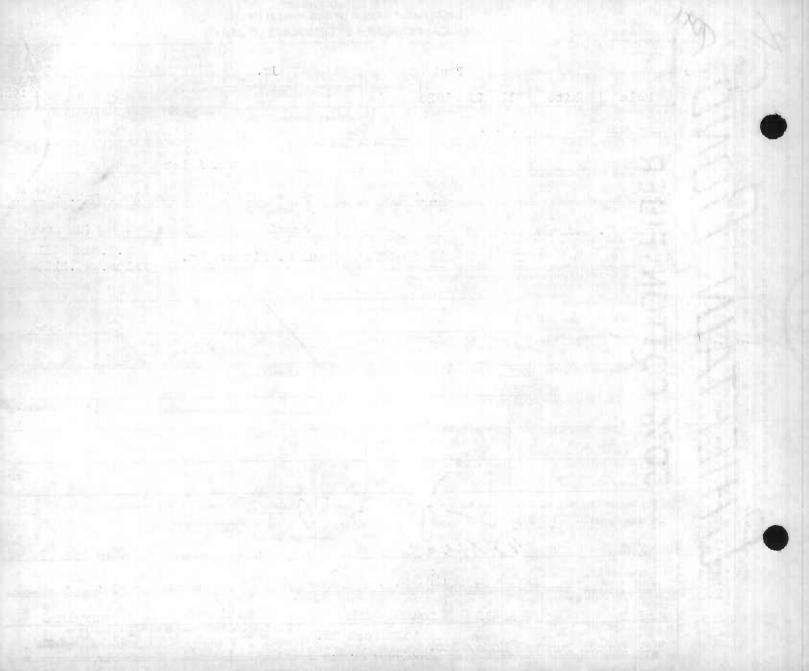
FOR

- STATE

(VRA 15, 4)

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XYI.	FOR STATE			DEPARTMENT	OF HEAL		NTAL HYGIE		0 4	17	3
	REGISTRAR		N	REDICAL EXA	MINER'S		ATE OF DE	ATH REC	9. NO.		
	PECEASED NA/	ME FIRST		WIDDLE		LAST		OF ESTI-		DAY YEAR	26 HOU
		Edwa		Paul		Deibel	Jr.	DEATH MATED	2	219 85	
3. S	EX	4 RACE	5. DATE OF BIR	AY YEAR LAST	(IN YEARS IF	UNDER 1 YR.	HOURS MIN.	PRONOUNCED	MONTH	DAY YEAR	3:45
	Male	White	11 2		3 YRS.			DEAD	2	8 19 85	5 3.43
70	BIRTHPLACE FOREIGN COUNTRY	(STATE OR		WHAT COUNTRY?	AM.	RRIED NEV	ER MARRIED	9. BALTIMORE CI			
	aryland		U.S.A.			OWED	DIVORCED X		ore Cit		M
10	CITY OR TOWI	N OF DEATH		HOSPITAL, NURSING		THER INSTITUT	10N 12a U	SUAL OCCUPATION	(TYPE OF WORK	126 KIND OF B OR INDUS	USINESS
	Balti	more	5607	McClean	Blvd.	7-34		achinist			
	JAL RESIDENC STATE	E (IF IN NURSING HO.		. GIVE RESIDENCE BEFORE		13d. INSIDE CIT	Y LIMITS? 13e. ST	REET ADDRESS		III NEWS	
М	arvland	_		Baltimo		YESXX		7 McClean	Blvd.,	Apt.B-	21214
14.	FATHER'S NAM	AE	MIDDLE	EAST		15 MOTHER	R'S MAIDEN NAM	AE MIDDLE		LAST	
E	dward E	Deibe	l, Sr.			Je	ssie	Edna		(Unkno	own)
160.	WAS DECEAS	SED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORM	ANT	ADDI	RESS P O	Box 545	51
Y	es	1	II WW	212-20-	4476	Paul	M. Sieme	er, Jr		Md 21	
	18 CAUSE	OF DEATH (Enter	anly ane couse per	line for (a), (b), and (:).)					APPROXIMA BETWEEN ONS	TE INTERVAL
	PARTIC	DEATH WAS CAU		Carcinoma	of st	omach				BETWEEN ON	ET AND DEAT
		DVUVIL E		OR AS A CONSEQU							
		ians, if any, wh									
3	couse (a) stating the und	· · · · ·	OR AS A CONSEQUI	NCE OF				7		
	lying co	ause last.	(6)								
		SIGNIFICANT CD NOITI	ONS CONTRIBUTING TO DE	ATH RUT NOT RELATED TO T	HE TERMINAL DISI	ASE OR CONDITION	GIVEN IN PART 1 (a).				
MEDICAL CERTIFICATION	19a DATE C	OF OPERATION	Tigh CON	IDITION FOR WHICH	OPERATION	WAS PERFORM	AED?			20 AUTOPS	/2
FIC											
ERT	210 EXTERN	NAL CAUSE WAS		OF INJUNY	21c	HOW INJURY (OCCURRED IENIE	R NATURE OF INJURY IN ITE	M 18 PARI I OP PAI	YES [ио Х
AL C	UNDERLYIN	G OR		A.M. MONTH DAY	YEAR		- COUNTED JAMES		ON PAI		
Dic	21d INJURY	OCCURRED		E OF INJURY TATH	19 21f 1	OCATION					
ME	WHILE	NOT WHILE		ACTORY, FARM, ETC.)		THEFT.		CITY OR TOWN	COL	UNTY	STATE
				1	1						
	22a. I cer	rtify that I toak ch	arge of the remains	described above field	Aut	opsy .	Inspection X.	Inquiry .	ond in my op	nnion	
	deoth resu	ilted from: No	aturol couses X	Accident .	Sylcide L	, Horolcie	de, Undi	etermined manner			
	ACTUAL		1/15	0 . 1	1 /20	July 13P			0.475		
1	SIGNATURE	-	Mon	one	1000	Actin	g ChiefME	DICAL EXAMINER	DATE	0_2/9/8	35
	EXAMINER'		(Illa amara - D	Comitte 11	5	11	111 5		D 7.		
	(TYPE OR PE			Smith, M		ADDRESS	111 Pen		Balto).,MD.	
	(SPECIFY)	ATION, REMOVA				OR CREMATO	RY 23d. I	OCATION Y OR TOWN Limore	COUN	NTY S	STATE
	Burial FUNERAL DIRE	CTOR	2-15-85	Loude	n Park					Marylan	d
	NAME		ADDR		50 York	Ka.		BY REGISTRAR 256 F		-Andel	10
F	luck To	wson Fun	eral Home	, Inc. more	by an	21204	FFR14	1985	TO ATHUR EDG	21-Marian	Pine



. STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG. NO 2s DATE OF DEATH OZ 10,22 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 61 9. BALTIMORE CITY OR COUNTY OF DEATH

1. DECEASED NAME FIRST LIVEE OR PRINTS ANNA DETTZ LILLIAN 4. RACE DATE OF BIRTH 3 SEX MONTH YE AR 27 23 FEMALE WHITE 04 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY MARYLAND WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DEPT. STORE BALTIMORE WATTRESS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1130. COUNTY 1131. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 334 S. WOODYEAR STREET, 21223 BALTIMORE YES X MARYLAND NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST LAWRENCE PHILLIPS UNKNOWN 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) 218-12-2680 334 S. WOODYEAR ST., 21223 NO BETTY LOUGH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Acute myocardial infarction PART I. DE ATH WAS CAUSED BY cyaus. IMMEDIATE CAUSE (o. DUE TO, OF AS A CONSEQUENCE OF cemeralisal nutidan mark. aveino ma at Conditions, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO CERTIFICATION 13 MANOMINA 706. IF YES, WERE FINDINGS USED 10h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 198 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO 71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

CITY OR TOWN

85

the decrosed olive on obove, 11 (we) (did) (did not) view the body ofter death 22h SIGNATARE

236. BURIAL, CREMATION, REMOVAL

BURIAL

REGISTRAR

DEGREE

22e ADDRESS

DIRECTOR PHYSICIAN

Bon Secous Hospiles, 2000 is. Ballimon

, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

SAPSINI, 40 SUJGTA

22a | certify that (I) (this haspital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

should be with the S

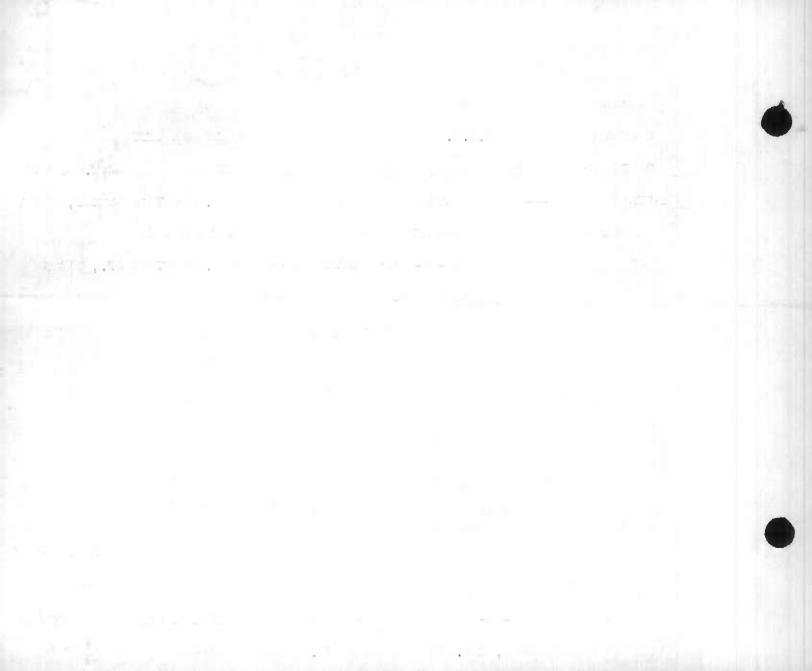
(VRA 15, 4)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

02-18-85

23b. DATE

REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

-1							KEG, 14	0.			
		CEASED NAME FIR	RST	MIDDLE	LAS	51	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOU	. 300
		Ros	e	М.	1	Delcher		2 6	85	7"	AM
1	3. SEX	(4 RACE		DATE OF		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
	,	Female	White	A	pril	16, 1897 AR	87	YRS	ONTHS DAYS	HOURS	MIN.
đ		RTHPLACE (STATE OR FOREIGH	IN 16 CITIZEN OF	WHAT COUNTRY? 8		□ NEVER MARRIED □	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
7	Ma	ryland	U.S	.A. v	VIDOWED	DIVORCED [Baltimore	3		1091	MD.
4	0 CI	TY OR TOWN OF DEATH	Jenki	rs Memoralaq	HOHOM	OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND O	F BUSINE	SS OR
1	- 10	Baltimore				alt;Md.21229	Housewif		Own Ho	ome	
4	USUA 13a. S		COUNTY	136 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
4			Baltimore	Arbutus		YES NOX	1001 Gro	vehill	Road	2122	27
2	III.FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	ī	
4	/	James	F.	Loudensla	ager	Margan			McMal		7
П		VAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECURIT	YNO.	17 INFORMANT	ADDRI	SS			1
1		No		215-48-872	20	Leo Earl Delo	cher Sam	e as #			
ſ		18 CAUSE OF DEATH (E)	nter only one couse pe						BETWEEN C	MATE INTER	DEATH
١			MEDIATE CAUSE (a)	CONGES	TIVE	HEART	FAILURE		4	DA	75
Ī		- 12 X	4	11	11						
1		Conditions, if any, which gove rise to immediate b) BILATERAL PNEUMONIA 4 DAYS									
1		couse (a), stating t		OR AS A CONSEQUENCE	CE OF	^			10		
1			(c)	17/13	CU	0			10	YR.	2.
1	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	11	
7	ATIC	19a DATE OF OPERATION	N 196 CONE	DITION FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USER)
-	CERTIFICATION						YES NO		ING CAUSES		H?
	CER	21a. ACCIDENT WAS UNDERLY	110110		YEAR	2 It HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	E OF DEATH	.M.	19						
	MEDICAL	21d INJURY OCCURRED	LATHOUS C	OF INJURY	. EVC)	21f. LOCATION STREET	CITY OR TOV	WN	COUNTY	C.T	ATE
1	2	WHILE NOT WHILE		TREET, FACTORY, OFFICE, FARM	n, e i c.,						
ı		220.1 certify that (this	s haspital) ottended t	he deceased fram	12-	77 1978	_, to _FEB.	6	955	that طله (۷	we) last
1		sow the deceased all above, (# (we) (did) (live on FCB	ofter death.	. one	that in (my) (our) opinion o	death occurred an the di	ote and haur	and from the	couses sto	ated
1		22b. SIGNATURE			D	EGREE			22c. DATE	SIGNED	
		Aohn) to	Harrines	V,	M.	D. ATTENDING PHYSICIAN	MEDICAL STA	IAN [2-6	1-198	85
7		220 PHESICIAN S NAME	(TYPE OR PRINT)			27e ADDRESS		Ba	ltimor	e, Mo	i.
		JOHN F.	HARTH	AN M.D.		JENKINS- 1	1000 S. CI	ATON/	AVE.	5155	9
1	23a. B	URIAL, CREMATION, REM	NOVAL 236. DATE	23c NA	ME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE
	,,,	Burial	2/8/8	5 New	Cath	edral Cemete:				Md.	
	Ley	NERAL DIRECTOR Rus	sell C. W	itzkerFune	ral H	omes P.Al.	REC'D. BY REGISTRAR				4
	163	30 Edmondson	Avenue, C	atonsville	, Md.	21228 FFR 5	7 1985 gu	ra waved	son-Aand	WOOL.	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

injury, or other troumoties

should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, crer

IMPORTANT: If Item 21 is marked or Item 18 storys any

TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital ar attending physician

TO HOSPITAL

e o!_

Doloner

Jenning Hemorial None 1000 B. Caton Ave. DaltyN. 21229

11 /2 11

DED A DEAL

MARRIED NEVER MARRIED

YES X

NT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CE	RTI	FIC	ATE	OF	DEATH		

DEFARIN	CERTIFICATE OF I		REG. NO.			
T 7	DELEV	TE	20. DATE OF DEATH MONTH	DAY YEAR	26 HOL	IR
ALA C	DELEY		FEBRUARY, 12	2,1985	4:55	
	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
∍.	APRIL 19	1903	81 YRS	MONTHS DAYS	MOURS	MIN.
AT COUNTRY?	Ta		RALTIMORE CITY OF COUNT	YOFDEATH		

BIRTHPLACE (STATE OF FOREIGN BALTO., MARYLAND ID. CITY OR TOWN OF DEATH

ALMA

76 CITIZEN OF WH. U.S.A.

4 RACE

ESTE

White

WIDOWEDX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CHURCH HOSPITAL,

CARDIOPULMONARY ARREST

BALTIMORE 12a USUAL OCCUPATION

12b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MARYLAND 4 FATHER'S NAME

JEROME.

NO

BALTIMORE

Female.

- STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

MIDDLE DeWITT

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

136 COUNTY

ESPENSHETD 16h SOCIAL SECURITY NO

220.44.1137

36 CITY OR TOWN

BALTIMORE

ALMA 17. INFORMANT

13d INSIDE CITY LIMITS?

NO

15. MOTHER'S MAIDEN NAME

A. NEUMANN BARRENGER

2900 BAYONNE AVE.

13e STREET ADDRESS / ZIP CODE

MIDDLE

200 AUTOPSY?

NOX

FEBRUARY

nd that in (mf) (aur) opinion death occurred on the date and have and from the causes stated

7613 WATER OAK PT. RD., PASADENA, MD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21214

GLENN

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF METASTATEC ADENOCARCINOMA

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 218. PLACE OF INJURY

22a. | certify that (1) (this haspital) attended the deceased from.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 19 AT HOME, STREET FACTORY OFFICE, FARM ETC.)

DEGREE

FEBRUARY

211. LOCATION STREET

CITY OR TOWN

COUNTY STATE

NO [

22h SIGNATURE

CREMATION

24 FUNERAL DIRECTOR

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

221. DATE SIGNED 1985 FEBRUARY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MUKESH LUHAR

NOT WHILE

HOSPITAL 100 CHURCH

N BROADWAY

DHMH - 16 60M 7/84 (VRA 15. 4)

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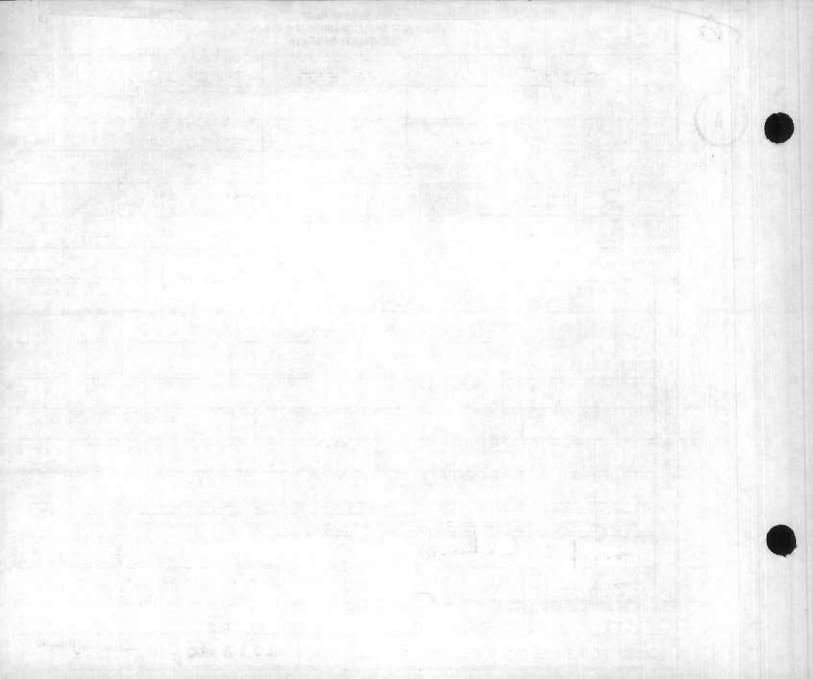
230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

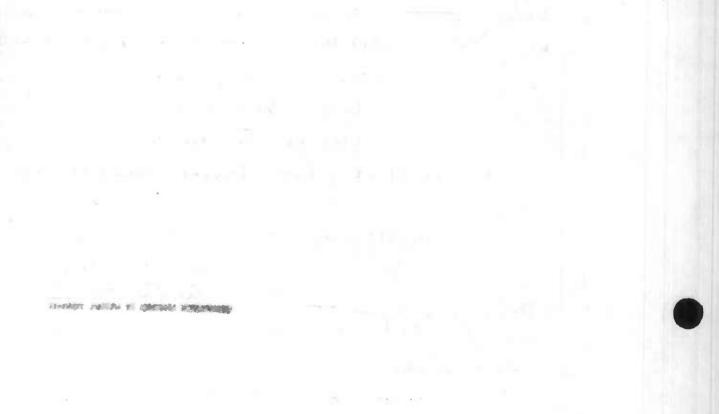
GREEN MOUNT CREMATORY

WALTER BROOKS BRADLEY INC., DUNDALK MD.

BALTIMORE

RAR 256. REGISTRAR'S SIGNATUR



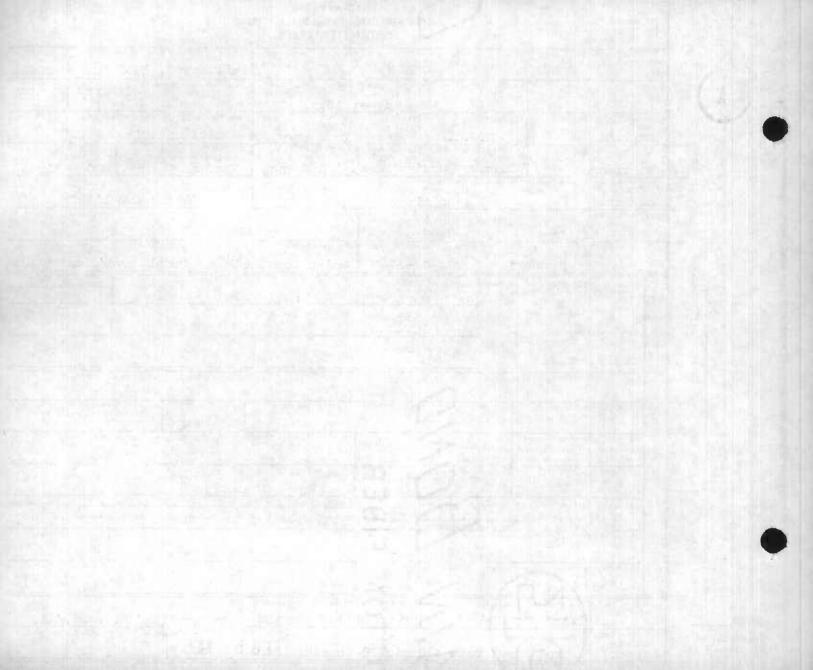


and the same

Walters Funeral Home/Pratt & Stricker Streets

(VR A 15 (4))

STATE OF MARYLAND



De 3/1200 - 1 2-48-87 1888 the state of the second and the section to provide the time of the second - 13 And 15 And Carrier Course Days the facilities of the first of the facilities of

CEPTIFICATE OF DEATH

4	MEGHSTRAN		CEIL	IIIICATE OF DEATH	REG. NO.		
	(THRE CHIRDLE)		F'	LAST	20 DATE OF DEATH MONTH		EAR 2b. HOUR
1		OSEPH 4 RACE		DEVINE TE OF BIRTH	4. AGE LIN YEARS LAST BIRTHDAY	18 8	9 · 10p
1	1.5fX						DAYS HOURS MIN
ı	Male	White	8	3-29-1897 YEAR	87 YF	RS.	
j	JE BIRTHPLACE (1141) OFFICE		WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEA	тн
5	Pennsylvania	USA		WED TO DIVORCED	BALTIMORE CIT	rv	N
	10. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. K	IND OF BUSINESS O
2	BALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)		Chiropractor		STRY Lf-Employ
4		HOME OR OTHER INSTITUTION	900 LOCH RAY		CHILOPIACIOI	. pc1	II IMPIO
S	Md.	COUNTY	Balto., C:	13d. INSIDE CITY LIMITS?	1505 E. Nort	h Ave	2121
	14. FATHER'S NAME	A = 1 = 1 = 1 = 1		15 MOTHER'S MAIDEN NA			
-	John	WIDDIE	Devine	Mary	WIDDLE	Harri	Ington
ì	160 WAS DECEASED EVER IN I		166 SOCIAL SECURITY NO	D. 17. INFORMANT	ADDRESS		
	Yes NO OR UNKNOWN)	WI I WAR OR DATES)	217058407	VAMC 3900 L	OCH RAVEN BLVD	BALTO), MD 2121
	18 CAUSE OF DEATH (E			2 /		BE T	PPROXIMATE INTERVAL
		MEDIATE CAUSE (0)	ald 104:1/1	reme Arnese			
Ĥ		DUE TO, OI	R AS A SONSEQUENCE O	F /			
	Conditions, if any, wit		Sepsis				
П	gove rise to immedi		R AS A CONSEQUENCE O	r .			
	underlying couse 5	and a second	Par Vaslavi	_ / /	Carcinen		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO! RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINERS

NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OF TOWN COUNTY

STATE

NO [

220.1 certify that (1Xthis haspital) attended the deceased from FERRIARY FEBRAURY 18 19 sow the deceased alive on 775 SIGNATUR

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

(Ny) (our) opinion death occurred on the date and haur and from the causes stated THE DATE SIGNED

146 DATE OF OPERATION

THE INJURY OCCURRED

22e ADDRESS

DEGREE

3900 LOCH RAVEN BLVD

BALTO, MD

230 BURIAL, CREMATION, REMOVAL Burial

- STATE

23b. DATE 2-22-85

23c NAME OF CEMETERY OR CREMATORY Holy Redeemer

23d LOCATION LITY OR TOWN Balto.

Balto., MD

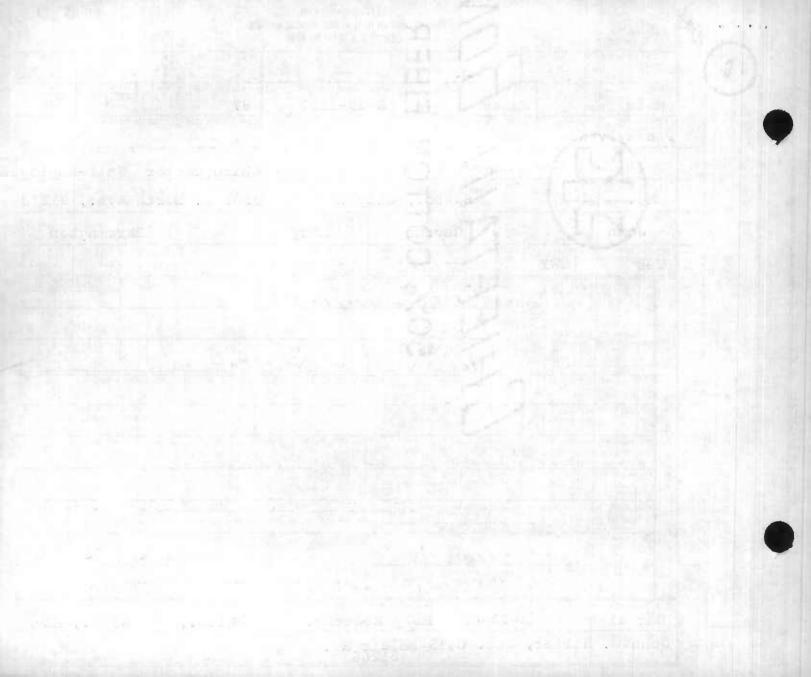
20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

John Miller, Inc. 641 Bess Belair Rd. 21206 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

CRITANT



FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 5	0	4	8
DECEASED NAME	FIRST	,	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	ARRAH	IAM_	н	DI	AMOND	FEBRUARY	4, 198	5	5:45 AM
SEX		4 RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
MALE		WHIT	Έ	APR		36	YRS		
BIRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRII	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
MARYLAND		U.S	.A.	WIDOW		BALTT	MORE C	TTY	MD.
CITY OR TOWN OF DEAT	TH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
BALTIMO	RE		BENHURST		21200	EXECUTIVE	F WORKING LIFE)		nn.
UAL RESIDENCE (IF NURSIN						EXECUTIVE		FOC)D
MARYLAND	13b COUN	ITY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
FATHER'S NAME			BALTI	MORE	YESXIX NO	6222 BENH	JRST RI	2120)9
FIRST	-	MIDDLE	LAST		FIRS?	WIDDLE		LAST	
PAUL			DIAMO		SONIA			BAIT	CH
(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
no			213-52-3	3648	MRS. ADRIAN I	DIAMOND 622	2 BENHI	JRST RE	21209
18 CAUSE OF DEATH	(Enter an	ly ane couse per	line for (a) (b) on	dicti	20 0		1/4/5	APPROXI	MATE INTERVAL
PART 1, DEATH WA		E CAUSE (o)	HEPATO	xcel	Oular CA.	RUNOM	4	61	405.
		DUE TO O	R AS A CONSEQUE	NCEOE					
Canditians, if any,	which	(, ,)	K AS A CONSCOOL	INCE OF			1	100	
gave rise to imme	ediote	10/_							
underlying couse	lost	DUE 10, OI	r as a conseque	NCE OF					
DART 3 OTHER CICNI	IEICANIT C	(c)	NITERELITING TO	SEATH BUT	T NOT BELLIED TO THE YEAR	IN A DISSASS OR COM	DITION CIVE	1 1 1 1 1 1 1 1	
PART 2 OTHER SIGN	IFICANT	ONDITIONS CC	DNIKIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	JIION GIVE	VIN PART TIO	
19a DATE OF OPERATI	ION	TION CONDI	TION FOR WHICH	ODEDATIO	ON WAS PERFORMED	20g AUTOPSY?	Tank IE VEC	WERE FINDIN	CC UCED
198 DATE OF OPERATI	ON	148 CONDI	HON FOR WHICH	OPERATIO	DIN WAS PERFORMED			NG CAUSES	
		100				YES NO	YES	_	NO 🗌
21a. ACCIDENT WAS UNDE		110110	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	Y IN ITEM 18 PAR	T I OR PART 2)	
(IF EITHER NOTIFY MEDICA			M.	19					
21d INJURY OCCURRE	D	21e PLACE	OF INJURY	ADAM ETC L	211 LOCATION	CITY OR TO	wN	COUNTY	STATE
WHILE NOT WHILE	E 🔲	(AT TIOME, STR	CEL FACTORY, OFFICE P	ARM, DIG.)					
22a I cestily that (I) (this haspit	al) affended the	e_deceased fram_	Sea	01 1984	10 Dres	lat 1	7	hat (I) (we) last
som the Heceosec	d alive an	Ham	198.	5.	nd that in (my) (our) opinion	death accurred on the de	ate and hour		
22b. SIGN A USE	a) [did not	view the body	offer death	-	DEGREE			22c DATE	SIGNED

LANE

BALTO

DR. JEROME KOEPPEL

23a BURIAL, CREMATION, REMOVAL

BURTAL

23b. DATE

2/4/85

222 W. COLDSPRING 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

BETH TFILOH CEM

23d LOCATION CITY OR TOWN

COUNTY

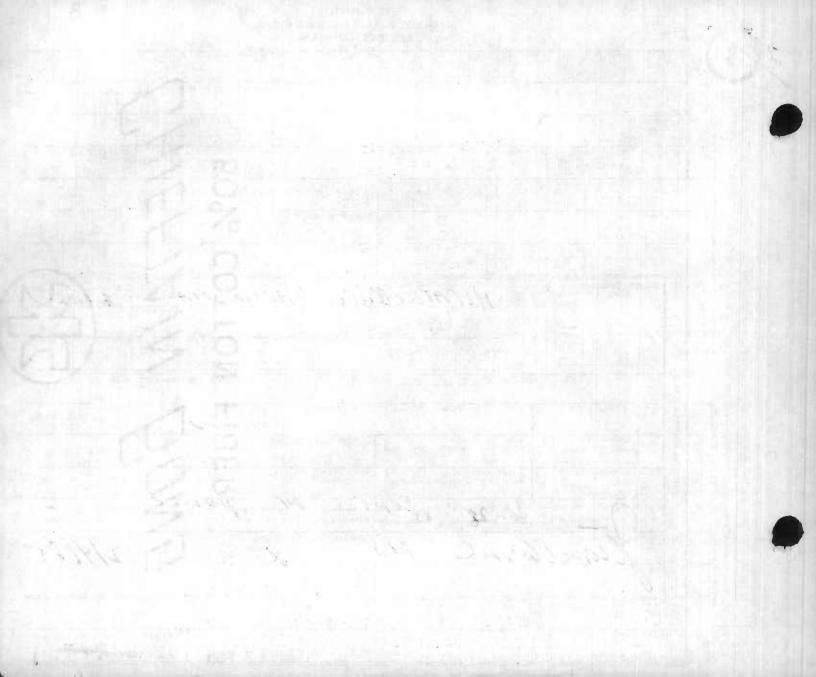
STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTO MD 21215

EM BALTO MD
25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE e Devideon Randalle



9	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 5	0 4	notif Dwar	8 2
0 0		OR PRINT)	FIRST	1	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
y be deat			Rober		Bolt	<u>U</u>	ickerson, SR.	1000	2 /	85	9:20 PM
4 mo	3 SEX		4.53	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oge urs o	Ma			White		9	1 1912	72	YRS		
P 20 P		RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
deoit deoit		rginia		U.S.A.		WIDOWE	D DIVORCED	Baltimore			MD.
(min)	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C		12b. KIND O INDUSTRY	F BUSINESS OR
E BORN 2 1/		ltimore					dical Center	Phys. Educat	ion De	pt. Ur	niv. MD.
	130. 5	AL RESIDENCE (IF NUE	NI COUN	DIHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
12 13 10 0		ryland	Balt	imore	Dundalk		YES NO X	1751 Burni	nam Roa	d	21222
10 h	14. F.A	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS"	ı
1250	He	nry		W.	Dickers	on	Dora	Eller		Bolt	
DE 000		AS DECEASED EVE		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		
00 12	No		(# 123, 010	E WAR OR DAILS)	228-38-	0796	Marsha G. D.	ickerson	Same	as 13	Зе
the state of		IE CAUSE OF DEA	TH (Enter on	ly one couse pe	er line for (a), (b), an	d (çil)	A 1			APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
ydy non-		PART I. DEATH		D BY: E CAUSE (0)	Cardios	umon	ary Arrest			400	ninutes
ding or the			BYBYILDING		OR AS A CONSEOU		1.				- V
on comp		Conditions, if on	y, which	(b)	Chronic		nonary Fibros	15		Greater	than 10 yours
by the o one remo il. cremat		gave rise to in cause (a), stat underlying cous	ing the	DUE TO, C	OR AS A CONSEOU						
Then ple Then ple t to burn mjury, o	NO O	PART 2 OTHER SIG	PICAL	Preumor		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART his	
and and	CERTIFICATION	19a DATE OF OPER	ATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
hous house	THE							YES NO	YES [NO []
Hysicot Hysicot Hysicot	S	OR CONTRIBUTING			OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
certification of plants	₹ S	(IF EITHER, NOTIFY MEL		UN .	P.M.	19					(C.103)
his of hor hor hor h	MEDICAL	21d INJURY OCCUI			OF INJURY	ADA ETC 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
ter 1 s the	>	AT WORK AT W	VHILE D	(Ministra)	THE PACIFIC OF THE PACE OF THE	Mari, 210 j					
Se of mo		220.1 certify that	1) (this hospit		he deceased from_			to Februa			that 🕡 (we) last
TOR for L		sow the deceo above ((1) Jwe)	sed olive on	12 Drui	WY 7 19	35-,0	nd that in (my) (our) opinion	death occurred on the de	e and hour or	nd from the	couses stated
REC hed ept.		226. SIGNATURE	1 1	A - 1	y oner deom.	44.0	DEGREE	C. 14. C. 15.		22c. DAJE	SIGNED
the Draw te Dr		7	heil	Just	es .	MI	ATTENDING PHYSICIAN	MEDICAL STA	IAN D	12/7	1/85
by Sto d		224. PHYSICIANS P	NAME (TIPE O	RPHINI)				Eastern Ave.		1 / / /	7 00
TO FUNER should be with the Ste		Ro	bert	fishe	r		Baltin	nore, MA 2	1224		
5 0 d 3 A	23o. 8	SURIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	- 1		
BP		specify) rial					nd Cemetery	Wythevil		OUNTY T	irginia
		INERAL DIRECTORD	ud a - Pa			abe D.		TE REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNAT	URE
HMH - 16 50M 4/83 (VRA 15, 4)		NAME D				21222	F	B 1 1 1095	give de	rdan-1	fandatile

at	1	FOR			PEPARTA			ARYLAND AND MENTAL I	HYGIENE	0	4	1 8	3 3	•
1	1-	STATE REGISTRAR		MEI	DICALE	XAMINE	R'S CE	RTIFICATE	OF DEATH	REG.	NO.			
		CEASED NAMI	ROSE		WIDDIE		DI (CLEMENTI		OATE KNOWN OF ESTI- EATH MATED	MONT 2		985	26 HOUR
2. AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILE. 2. SHOULD BE FILED, WITHIN 72 HOUR. ALL RECORDS, ROI W, PRESTON STREET.	3. SE	emale	4 RACE White	5. DATE OF BIRTH	1923	6. AGE (IN YEARS LAST BIRTHDAY) 61 YRS.	IF UND			DATE NOUNCED DEAD	MONTH	DAY	YEAR 1985	9:30
PRESTOR YOUR YOUR YOUR YOUR YOUR YOUR YOUR YO	Ta B	RTHPLACE (5 DREIGN COUNTRY) Maryla		76. CITIZEN OF WH			MARRIED	NEVER MARK	RIED 🝱	altimore city	-	NTY OF DE		A47
HAGE J	E	altimo	re	11. NAME OF HOS (IF NOT IN SUCH FACE Union M	emori.	al Hosp	ital		12a. USUAL C	OCCUPATION (1 OF WORKING LIFE) memaker	TYPE OF WOR	K 126 KINE	D OF BUS	
SHOULD SH	13a. S	AL RESIDENCE TATE aryland	113b. COUN	OR OTHER INSTITUTION, GIV NTY	13c. CITY Ba	BEFORE ADMISSION OR ICWN Ltimore	13	3d. INSIDE CITY LIMITS? YES NO	130 STREET 3212	White	Avenu	ie 21	214	
300	þ	Josep	h	MIDDLE	DiCle	ementi.		5. MOTHER'S MAID FIRST Josepl		MIDDLE	Ran	zino	.ST	
T. PAGES I AND	16a. \ (Y	VAS DECEASE ES, NO. OR UNKNO NO	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		1AL SECURITY N		Marietta	a Macki	nnon 32			1214 ve.	
ED AS A BURIAL - TRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, DIY AL. CREMATION, OR REMOVAL.	z	gave ri cause (a lying cau		e (b)		SEQUENCE OF	L DISEASE O	R CONDITION GIVEN IN PA	ART 1 to .					
MENT OF WENT WENT OF BURNING HEALT	IFICATIO	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPERAT	ION WAS	S PERFORMED?					ITOPSY?	NO 🐼
AGE 3 SHOULD BE US ATE DEPARTMENT OF 1201 PRIOR TO BURIN	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTII	NG CAUSE OF		MONTH	19		V INJURY OCCURRI	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR			
TATE DEF	MED	21d. INJURY C	NOT WHILE [21e PLACE C STREET, FACTO	OF INJURY ORY, FARM, ETI		211. LOCA STRE		CITY	OR TOWN	(COUNTY		STATE
AFTER DEATH, WITH THE STA		220 I certi death result ACTUAL SIGNATURE		ge of the remains descripted courses X,	cribed abav	ve, held an	2	Inspection Hamicide TITLE (SPECIFY) Assistan	Undetermin	ned manner	and in my	E	-26-8	85
FER DER		EXAMINER'S	*11)	n M. Dixon			AD	DDRESS_ 111	Penn Si	., Balt	O., N	4d. 2	21201	l
	(:	Bur		236. DATE Feb 28 198		AME OF CEME Holy Red		crematory er Cemete:	23d LOCAT	altimor	e	Mary	land	TE
DHMH - 17 R A15 ME (5))		UNERAL DIRECT NAME ON OTHER	J. Ruck.	Inc. Bal	Ltimon	re. Mar	vland		BS ALEC	STRAR 256 RE	GISTRAR'S	SIGNATUR	and all	٠.

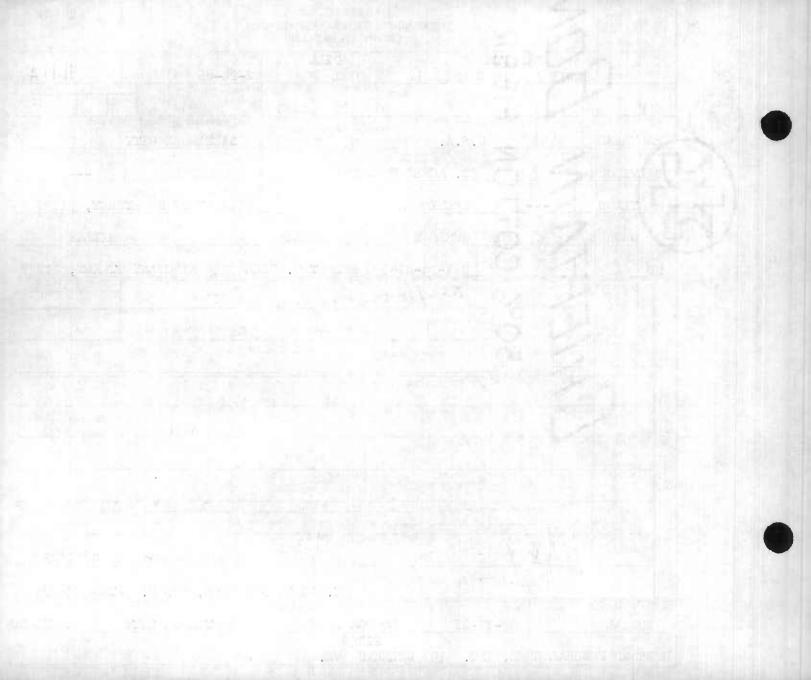
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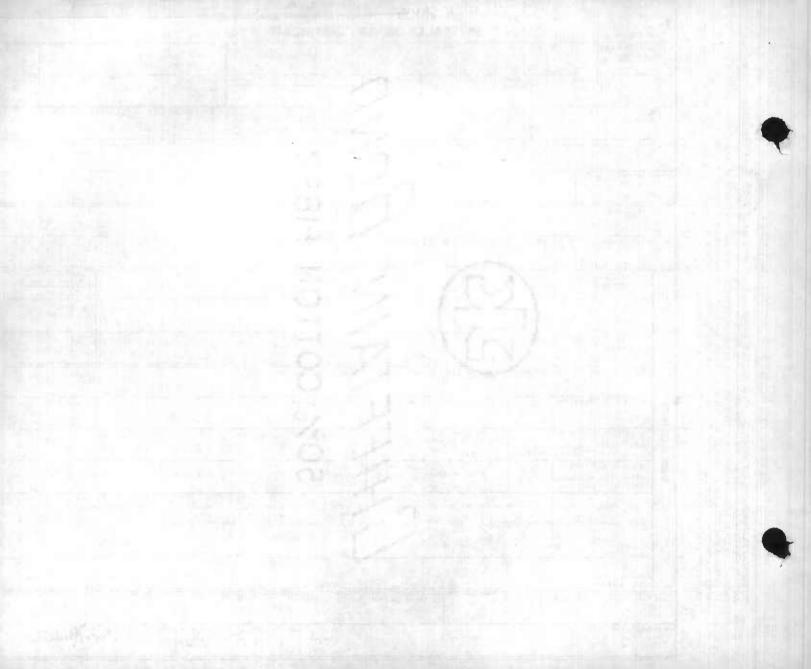
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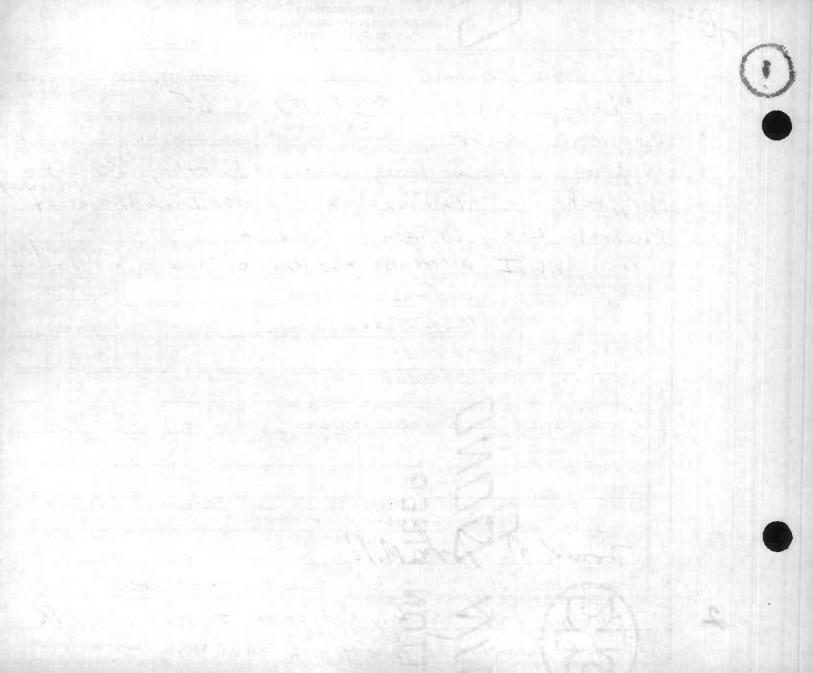
1	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 5	0 4 1	8 5
. m.e	I DEC	CEASED NAME AKA FIRST L	SETTE MIDDLE	1	DILL	20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
y be		SADIE	JENNIE		DILL	2-24-85		11.11 Am
De d	3 SEX	4	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
8 /1		F	W	07	12 1888	96	YRS	
La line		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTR	Y? B. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
to all		ARYLAND	U.S.A.	WIDOWE	DIVORCED	BALTIMORE		MD.
offer dwith		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)		120 USUAL OCCUPATION		F BUSINESS OR
n by		ALT IMORE AL RESIDENCE (IF NURSING HOME OF O	ST. AGN		TTAL	HOMEMAKER		
24 ho	13a. S	ARYLAND 136 COUNT	Y 13t. CITY OR TO BALTIM	NWC	13d INSIDE CITY LIMITS?	3217 STAFFO		21229
thin 2 sho		THER'S NAME		0114	15. MOTHER'S MAIDEN NAM	ME	o antaga,	21227
Page 1		GEORGE	GUMPMA	N	AMELIA	WIDDLE	MILLE	R
d cor		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRESS		
Pag Pag	N		212-74	-8760	ROBERT G. DI	LL 3214 KING	SLEY STREET	, 21229
requires that the death as signed by the attend Then please remove co ir to burial, cremation, a	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONTRIBUTING TO THE CONTRIBUTION OF T	DUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
has been permit the price in any any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDIN N CERTIFYING CAUSES YES. (**)	IGS USED OF DEATH?
g physicic g physicic entificate ial-transit mal Hygie em 18 sha	-	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE			
attendin fter this of as the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM ETC)	ZII LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDII spital ar CTOR A dfar use of Health		220 I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (d(d)) (did not)	2-2-4 19	\$. or	id that in (my) (our) opinion o	death occurred on the date		
OR bolke Dep		276. SIGNATURE	~11.	200	DEGREE MATTENDING	MEDICAL STAFF	22c. DATE S	
RAL dete		10 1 44	- Jan /		PHYSICIAN [DIRECTOR PHYSICIAN	2/2	4/85
o HOSPIT, TO FUNER, should be d with the Sto		224 PHYSICIAN'S MAME (TYREOR)	MACUA			OSPITAL, 900	S. CATON A	VENUE
	- (SPECIFY			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		BUR LAL JNERAL DIRECTOR	02-27-85		OON PARK	BALTIMORE		MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		BBARD FUNERAL HO	OME TNC /107	5	227	REC'D. BY REGISTRAR 256	registrar's signature Davidson-17	indala.



111	tems 18-22a 4	/8/85 mt	STATE OF A	MARYLAND H AND MENTAL HY	COUNE S	0 4	8 6
1-	STATE REGISTRAR		ICAL EXAMINER'S		FDEATH	REG NO.	
	ECEASED NAME FIRST		WIDDLE	LASTDinkins	20. DATE KN	OWN N MONTH	DAY YEAR 26. HOU!
S II	YPE OR PRINT)	ueline	D. (Denk	kins)	OF E	511-	6/19 85
HOURS STREET, 3' SE		S. DATE OF BIRTH	6. AGE (IN YEARS IF U!	NDER 1 YR. IF UNDER 2		MONTH	DAY YEAR 24 HOLL
P	emale Black	2 26	61 23 YRS.	HS DAYS HOURS	MIN. PRONOUNCE DEAD	2/	6/19 85 A
18 70	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY IA	RIED NEVER MARRIE	9. BALTIMOR	E CITY OR COUNTY	
M:	aryland	U.S.A		WED DIVORCE	□ □ Balti	more City	MI
JID C	CITY OR TOWN OF DEATH		ITAL, NURSING HOME, OR OTH	HER INSTITUTION	120 USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WORK 1)	26 KIND OF BUSINESS OR INDUSTRY
1	Baltimore /		ent Hospital		10012		
	JAL RESIDENCE (IF IN NURSING HOME STATE 131. COU	OR OTHER INSTITUTION, GIVE NTY	13(, CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
_	Maryland		Baltimore	YES NO		ancis St	21217
17	FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	3,	LAST
1	Russell		inkins	Louise		Brown	n
180	(YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECURITY NO.				
	NO		218-80-1134	[Russell]	Dinkins 2	2507 Frai	
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS			antina			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI		ravenous nard	COTISM			
	Canditions, if any, whic		AS A CONSEQUENCE OF				
	gave rise to immediate cause (a) stating the unde	e (b)	AS A CONSEQUENCE OF				
	lying cause last.	DOE TO, OR A	NS A CONSEQUENCE OF				10
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	I live:		
Z				TO STATE OF THE PARTY OF THE PA			
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
/ E						5 at 1	YES 🕅 NO 🗆
1 8	210 EXTERNAL CAUSE WAS	21b. TIME OF I	MONTH DAY YEAR	IOW INJURY OCCURRED	LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
1 3	UNDERLYING OR CONTRIBUTING CAUSE OF		19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF		STREET	CITY OR TOWN	COUN	NIY STATE
-	WHILE AT WORK						
	220. I certify that I took cha	rge of the remains descr	ribed abave, held an Autar	osy X. Inspection	, Inquiry	, and in my apir	nian
	death resulted fram Nat	ural causes	Accident , Suicide	, Hamicide .	Undetermined mann	er .	
	ACTUAL .	HV)		TITLE (SPECIFY)			3-9-51-01
/	SIGNATURE	11/3/		A.D. Assistan	IT MEDICAL EXAMINI	ER DATE SIGNED	2/6/85
1	EXAMINER'S NAME		- C. C	111	Dawn Cl		
	(TYPE OR PRINT) Gre		uffman, M.D.	TO DITE OU	Penn St.		
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	2/9/85	23c NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNT	Md.
	FUNERAL DIRECTOR	2/9/85	King Memor		Randall	LS COWII,	
	Wm C March F	H Incadoresal	101 E North	Ave. FEB	8 1985	a Davidso	in-fandelle







injury, or other troumatic event, the

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FEB

REGISTRAR		CERTIFICATE OF DEA	REG. NO.	The second secon
TECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
Alfr	red L.	Dise	2,	/13/85 _M
SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEAPS LOST BIRTHDA	
male	white	2/26/11	YEAR 73	YRS DALS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY OR CO	
Virginia	U.S.A.	WIDOWE XX DIVOR	CED Baltimore	
Baltimore	128 North Lake	SING HOME OR OTHER INSTITUTION AND ARESSI AVENUE	TION 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO FISHERMAN	126 KIND OF BUSINESS OR INDUSTRY seafood
110	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 130 CITY OR TO Balti	more YEXXX NO	□ 128 N. Lake	
Alfred	MIDDLE DIS	e Amanda		Crockett
WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	Virginia 23440
Yes noor unknown) (IF yes, GI	VE WAR OR DATES) 229 1	8 7443 Darler	le Laird Box 34	Tangier Island
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line for 101, (b),	ond ic 1	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) andio	ospiralong ana		
Conditions, if any, which	DUE TO, OR AS A CONSECULA	OUENCE OF Cardiora	salar disase	Years
gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEC	OUENICE OF		V
underlying couse lost.	DOE TO, OR AS A CONSE	OUEINCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1:0
5		Exercise and the		
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORME	IN IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	214 HOW IN 1119	Y OCCURRED (ENTER NATURE OF INJURY IN	YES NO
OR CONTRIBUTION COLOR		DAY YEAR	LOCCORNED LEWISK WATORS OF INJURY IN	HEM TO PART TORPART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE		19		
(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY	CE. FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ital) attended the deceased from	m 11-8	9 14 to 2 - 3	19 tho (D (we) lost
	2 2	85, and that in (my) (our) opinion death occurred on the date of	and hour and from the couses stated
226 SIGNATURE	0	DEGREE		22¢ DATE SIGNED
Chi-Sh-f	Cha	MD ATTE	NDING MEDICAL STAFF	3 2/14/8
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
Chi-Shiang (N. Broadway Balt	co., MD 21231
BURIAL, CREMATION, REMOVAL	1 1-	34 NAME OF CEMETERY OR CREA	CITY OF TOWN	COUNTY STATE
burial	2/19/85	Md.V.A./Crown	sville Crownsv.	ille A.A. Md.
FUNERAL DIRECTOR	4001 Ritch:	ie Hwy.	250 DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
George J. Gon	ce Baltimore	Md. 21225	FFB 1 9 1985 19	wha wavedoon-Handell

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Dundalk, MD. 21222

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(VRA 15, 4)

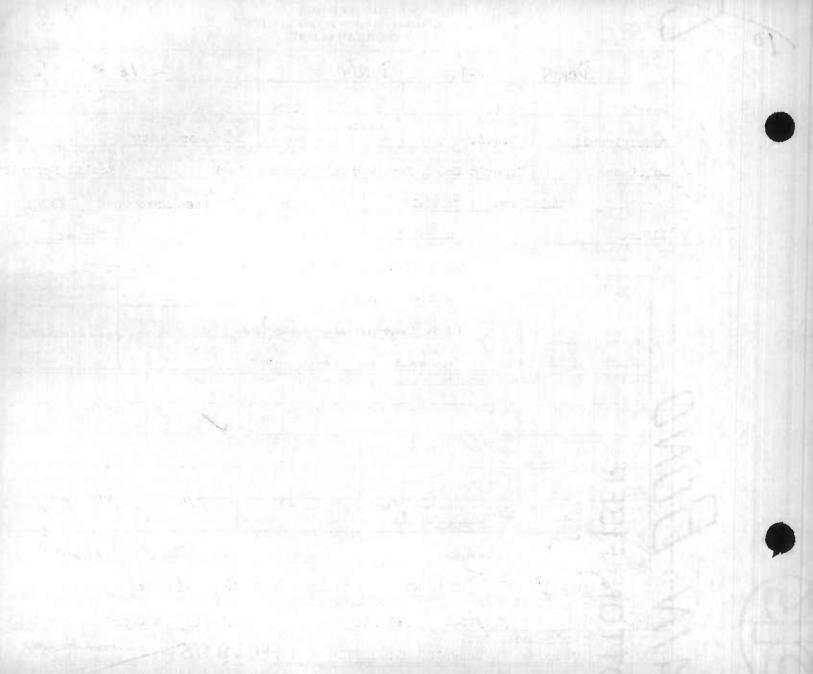
7922 Wise Avenue

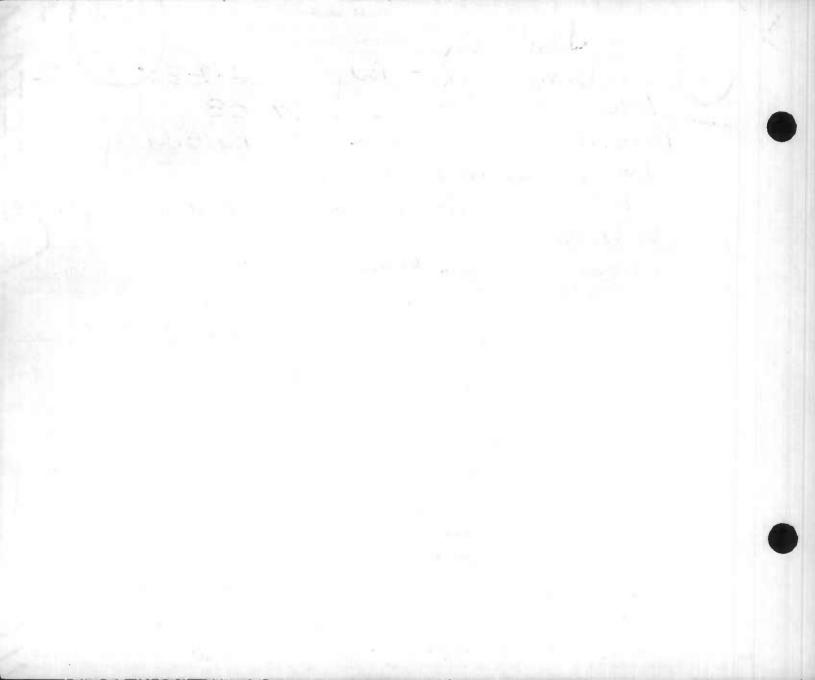
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

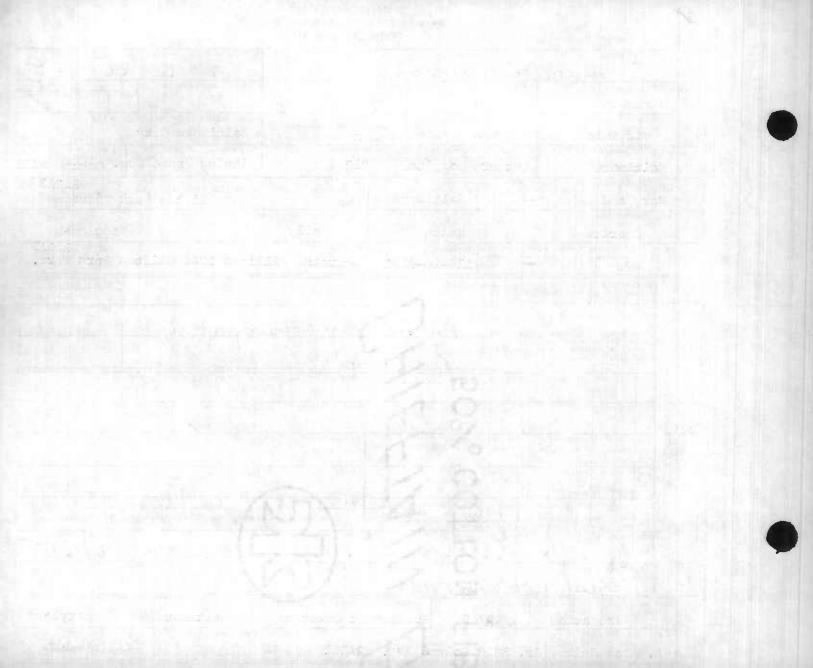
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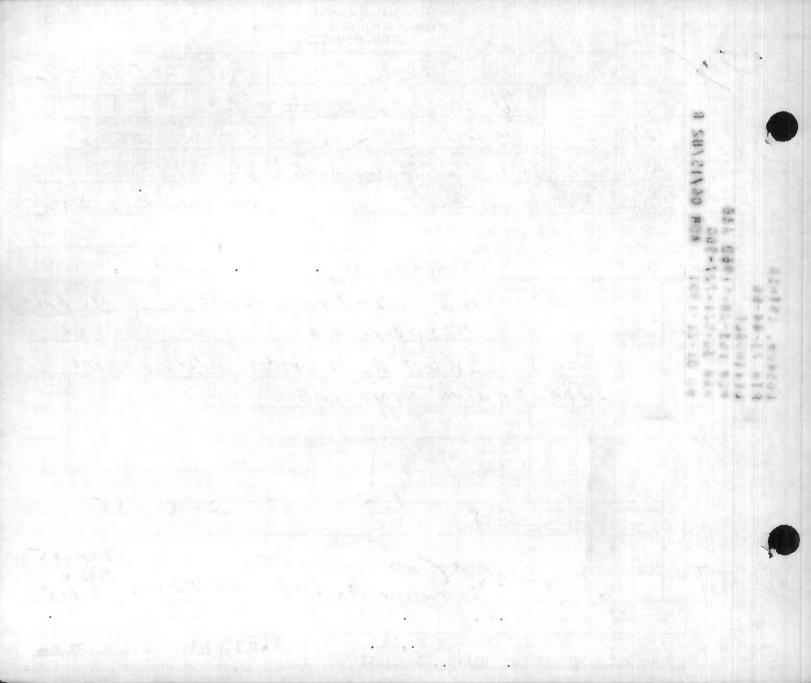
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DIVISION OF VITAL RECORDS



5	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF I STATE OF I SERTIFICAT	AND MEN	TAL HYGI	ENES 5 0	4 1 9	4		
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ge 4 mo	3. SE)	FEMALE	4. RACE White		S. DATE OF BIR'S		9̈́0°1	6. AGE (IN YEARS (AST BIRTHDAY) YRS	MONTHS DAYS HO	NDER 24 HRS		
1 to 12 to 1		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WHAT COUNTRY?	MARRIED WIDOWED	DIVOR	CED 🔲	BALTIMORE CITY OR COUNTY	C ITY	MD.		
19	B	ALTIMÜRE	N. Char	HOSPITAL, NURSIN CHEACHITY, GIVE STREET A Cles St. C	G HOME OR OTH ADDRESS) eneral I	er institu Iospit	al	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI HOUSEKEEPET	125. KIND OF BU	SINESS OR		
ST (M) BS	73a. 5		e or other institution ounty altimore	GIVE RESIDENCE BEFORE 136 CITY OR TOWN B atimor	e 13d. 1			140 W. Lafayett	te Ave. 2	1217		
MARYL and with		THER'S NAME Edward	$\mathbf{F}_{ullet}^{^{MIDDLE}}$	Dormey	1	other's MA lary E		MIDDLE	Carman			
on and co	16a. V	VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES?	219-32-17		ester	s. D	orney Jr., Da	len Cove	Md.		
ST. BALL		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r anly ane cause pe USED BY: DIATE CAUSE (a)	r line far (a), (b), and	SEATI	_ 00	ER:	12	APPROXIMATE BETWEEN ONSE			
15, 201 W PRESTON united by the attendin on places remove costs black (cemerical, or vry, or other traumotic	THICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICAT	(b)	OR AS A CONSEQUE	NCE OF		THE TERMI	NAL DISEASE OR CONDITION GIV	VEN IN PART Ira			
NG PHYSICIAN The low requirement of the through of the through physician. The this certificate host been to on the burnel trouble permit. The thin and Mentell Hygiere prior to orked or flem 18 shows any injury orked or flem 18 shows any injury.		19a. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION WA	S PERFORMI	ED	IN CERTI	S, WERE FINDINGS FYING CAUSES OF I			
SECIAN 1 SECIAN 1 SEC	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A	.M. MONTH DA	YEAR		YOCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
NG PHY offer this or the bir th and M	MEDICAL	21d. INJURY OCCURRED	210. PLACE	OF INJURY REET, FACTORY, OFFICE, F.		OCATION	- Comp	CITY OR TOWN	COUNTY	STATE		
ATTENDA ATTENDA CTOR A for one of Heal		220.) certify that (I) (this he was the deceased alive above, (I) (we) (did) (did		1			r) apinian d	leath accurred an the date and ha	ur and from the caus			
TAL OR PAR NO PER DEPT IN THE	9	22b. SIGNATURE	Ani	2	DEGR	O ATTE	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGI	182		
O HOSPIT Tripined by TO FUNES The Medicile		ANJ	ARIA			ADDRESS	3A.	The MANE	MD 3/3	13-61		
BP	23a. 8	SURIAL, CREMATION, REMOVE Cremation		20.1985	Yorktow			23d LOCATION CITY OR TOWN YORK	York	Penna		
DHMH - 16 50M 4/82 (VRA 15, 4)		John H. Harki		Main St.				26 1985	TRAP'S SIGNATURE	82		

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DE	PARTMENT OF H	EALTH AND M		REG. NO.	0	419	7	
	CEASED NAME	FIRST	WIDDLE	ı	AST		20 DATE OF DEATH M	ONTH DA	Y YEAR	26 HOUR	
di		LVIA	EDNA	DOW	ELL		FEBRUAR!	Y 3,	1985	3:10A	M
1. SE	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LASE BIRTH		FUNDER LYEAR	HOURS MI	
Fe	male	Whi	te	5	16	1923	52	YRS	DA15	HOURS M	
	RTHPLACE (STATE OR	FOREIGN 76 CITIZE	N OF WHAT COL	INTRY? 8 MARRIE	D A NEVER M	ARRIED 🗆	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
	ryland	U.S		WIDOWE		ORCED	Baltimore				MD.
MD. C	ITY OR TOWN OF DEA		T IN SUCH FACILITY, GP	NURSING HOME C	R OTHER INSTI	TUTION	12a USUAL OCCUPATION			F BUSINESS	OR
	ltimore			ital Corp	oration		Steel Worke	er	Beth.	Steel	
	AL RESIDENCE (IF NURS	136 COUNTY	13c CITY C	DRTOWN	13d. INSIDE CH	Y LIMITS?	13e STREET ADDRESS / 2			3 4 4	
	ryland	Baltimor	e Dun	dalk		NO 🔀	7928 Kavana	igh Ro	ad	21222	_
17	ATHER'S NAME	WIDDLE	L	AST	15 MOTHER'S	MAIDEN NAI	ME		LAS	it	
Pa	ul	C.		yder	Anna		1.00		Lau	ıgle	
	VAS DECEASED EVER	IN U.S. ARMED FOR		AL SECURITY NO.	17 INFORMAN	17	ADDRES:	62 V	Vagner	Lane	
No			217-	18-8005	Allen	L. Dow	ell	Balt	o., MI	212	21
MEDICAL CERTIFICATION	PULMONA 190 DATE OF OPERA JANUARY 710 ACCIDENT WAS UNIOR CONTRIBUTING (IF ETHER NOTHEY MEDITY 71d. INJURY OCCUR NOT WE AT WO 220.1 certify that (1) sow the decease	which mediate gifte lost DUE which mediate in the lost DUE will condition of the lost DUE will condition on the lost DUE wil	TO, OR AS A COID TO, OR	NSEQUENCE OF MYOCARI NG TO DEATH BUT DNARY IS WHICH OPERATIO TH DAY YEAR 19 OFFICE FARM, ETC.) I from JANUA 3, 19 85, or	DIAL IN NOT RELATED TO SCHEMIC N WAS PERFORE LURE 210. HOW INT 211. LOCATION STREET AND 24 and that in (my) C DEGREE	NFARCY TO THE TERM	IBROSIS OF FION WINAL DISEASE OR CONDI RT DISEASE True autopsy?	TION GIVE TO IF YES, IN CERTIFY YES IN 11EM 18 PAR	WERE FINDING CAUSES COUNTY 9 85 ond from the PEB	ongs used of Death? NO STATE that (I) couses stated 3 198	_
	SOMPA	LLI PRAS	AD		100 N		ON HOSPITA				21

DHMH - 16 60M 7/84

ould be deto

(VRA 15, 4) 7922 Wise Avenue

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 2/6/1985

236 DATE

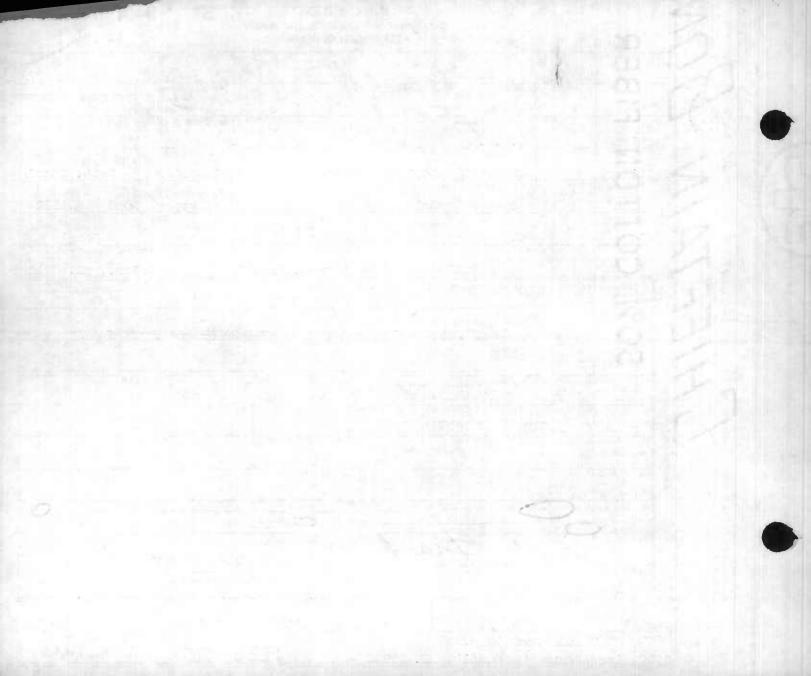
23¢ NAME OF CEMETERY OR CREMATORY Gardens Of Faith

236 LOCATION

74 FUNERAL DIRECTOR Duda-Ruck, Inc.

ADDRESS Dundalk, MD, 21222

230. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE
FEB 6 1985 A LEYGLAN And SEC.



DIVISION OF VITAL

O HOSPIAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 thems

ned by the hospital or ottending physician.

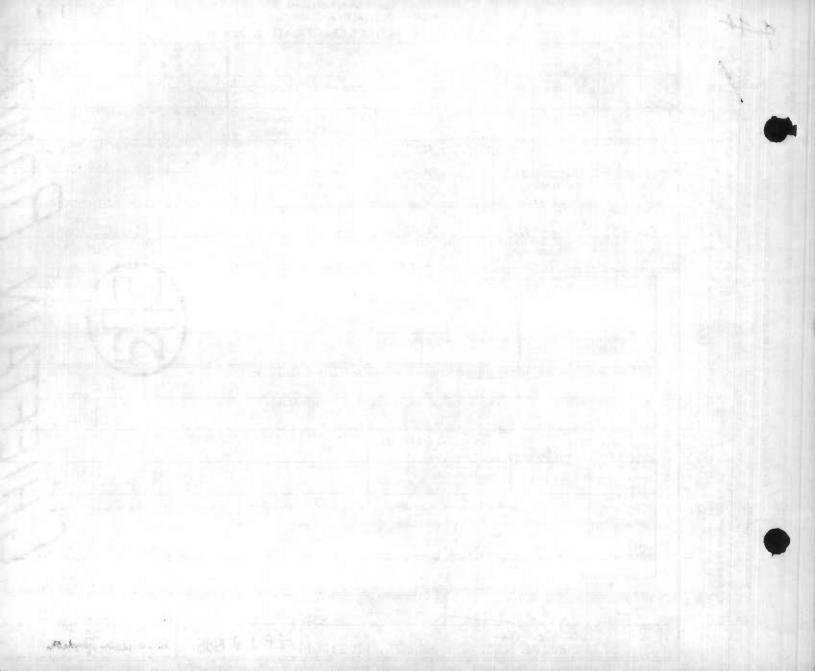
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5	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE REG. NO	
(1)		CEASED NAME OR PRINTS OF PRINTS	lette V.	Duffa	2e. DATE OF DEATH	2 2285 75 M
100	3. SE	F	4 RACE	MONTH DAY YEAR 3	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
H.R.	1×	1ARYLAND	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALTIMORE CITY OF	MORE CITY MD.
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文	5 130.	AL RESIDENCE (IF NURSING MOMEOR STATE 136 COUN BALT)		WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	RKS WORTH RD
ompletely ond 2 s	301	11CHAE!	DUFFY	CEC PILA	WIDDIE	1ALIA LAST
s. Poges	160	VAS DECEASED EVER IN U.S. AR/ YES IND OR UNKNOWN) I IF YES, GIVI	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 213, 101	1867 HELENA HO	LTHAVS MA	ARKS WERTH RD
g physici conpoper removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line (or (o), (b), o D BY. E CAUSE (o) COUSE	lymphoblastic !	enkemia	BETWEEN ONSET AND DEATH
by the ottendir se remove cort , cremotion, or other troumotic		Conditions, if ony, which gave rise to immediate couse (o1, stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	tory enemic		Years
hen pleo to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART TIO
hos been permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	288 AUTOPSY?	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
certificate priol-transit ental Hygic item 18 sh	1	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH I	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 ORPART ?)
ter this os the burn hand Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOV	WN COUNTY STATE
for use of Healt		22a.1 certify that IV (this hospit saw the decembed give on above (I) (we) (did (did no	to prestanded the deceased from		death occurred on the da	19, that (1) (we) lost the and hour and from the causes stated
AL DIRECTOR DISTRIBUTED STE DEPT.		27h SIGHATINE	F Mal	ATTENDING PHYSICIAN	MEDICAL STAF	
O FUNE hould be in the Sa	1	Dreading in	McAuliffe ut	STAGNES	Hosp 900	Caton Ave Balto Md
-212	B	BURIAL, CREMANON DEMOVAL	236. DATE 236 / 85 N	NAME OF CEMETERY OF CREATORY EW CATHEDRAL	BALTO	COUNTY MOSTATE
16 50M 4/B3 A 15, 4)	24 F	UNERAL DIRECTOR LEGER FUNERA	HAME EDM	5311 BNDSON AVE FE	B 25 1985	25h REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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	Barage .	[TYP	E OR PRINT)	WARR	FN CNE	LES		D	UKE		199	OF E	ESTI-	FEB.	14 1985	
	A SHE SHE	3 SEX		I. RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	DER I YR.	IF UNDER				MONTH	DAY YE	
	GESSARY VERAL DIVER COR YOUR WITHIN 72 H	N	ALE	WHITE		1933	51 Y		DAYS	HOURS	MIN. PF	DEAD	ED	FEB :	14 198	2:20
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	S NECESSARY FUNERAL DIFFE E 5 FOR YOUR DOWITHIN 72 H W RESTON ST		KENTUCK	Υ	U.S.	Α.		WIDOW	A	DIVORC		Balt	imore	cit	V	AAD
	PAGE S	0. CI	TY OR TOWN O	OF DEATH	IF NAME OF HOS	PITAL, NU		E, OR OTH	ER INSTITU	TION		L OCCUPA	TION ITYP		126 KIND OF OR INDU	
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MD.	10000 M	9. F/	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	MIDD	OLE		LAST	
ORE,	ASS T	/	GROVER		C.		JKE		MILI						Jnknown)
SALTIMORE, MD.	W ON ON	Ha.'V [Y	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AF	MED FORCES? WAR OR DATES) - 1962		CIAL SECURIT		17. INFORA	()	WIFE)		ADDRESS			
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DIVISION OF VITAL RECORDS.	HOULD BE EXECUTED WITHIN S RD "FENDING" IN PENCIL IN I HIER MEDICAL EXAMINER AL USED AS A BURIAL - TRANSIL OF HEALTH AND MENTAL HYC RAL, CREMATION, OR REMO	MEDICAL CERTIFICATION	19e. DATE OF	OPERATION	19h CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	Y?
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ON	SA STATE	N V	CONTRIBUTIN	G CAUSE OF	DEATH P.M	2-14	4- 1985	Su		pinne	ed by	stee:	l gea	ır.		C 75%
<u>≥</u>	CERTINA DEP DEP	MED	21d INJURY O		2 le PLACE (STREET, FAC	OF INJURY			TREET			CITY OR TOWN		со	UNTY	STATE
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	A THE WAY		death resulte	d fram: Nati	ural causes ,	Accident	X, Su	icide 🔲	, Hamic	ide .	Undeter	mined mann	ner .			
	WAR WAR		ACTUAL	Ma		h			TITLE (S					DATE		
	ZHE SHE		SIGNATURE_	AVI	MAX		_	M	.D. ASS	istan	t_MEDIC	AL EXAMIN	JER	DATE	2-15-	-85
	MEDICALE A SERVICE TO THE POPULATION OF THE POPU		EXAMINER'S N	Ann	M. Dixon	MD				111	Denn	S+ 1	Ralto	, M	d. 2120)1
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL,	730 R	TYPE OR PRIN		23b DATE		NAME OF CE		ADDRESS_		23d LOC		MILL	J. , 1 ¹ 1	u. 212(=
07/84		[5	BURI		FEB. 18,19		-				CITY OR	IN BUF	NIE	COUR		STATE MD
25M	BP	24. FI	JNERAL DIRECT		ADDRESS		TTA ITA	TOTA IA		250. DATE P	REC'D. BY R				GIGNATURE	
	DHMH - 17 (VR A15 ME (5))		SINGLET	ON FUNER	VAL HOME G	LEN B	URNIE,	MD 2	21061	FEB	1919	385	Luni	widson	- Panda	es.



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DIVISION OF VITAL

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 S	0.	Q	2	0 3
		CEASED NAME FIRST BLAN		Ianthe		DUVALL	2c. DATE OF DEATH	MONTH 02	22	YEAR 85	26. HOUR 3: 18 f
	3. SEX	FEMALE	4 RACE WIT)	TE	5. DATE O		6, AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
5	7a. BII	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C Baltimo				м
5	10 CI	BALTIMORE	GOOD	SAMARI	TAN	POSPITAL	Supervis	ON OF WORKING	12b.	KIND OI	ndry
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURSE COURSE COURS	ROTHER INSTITUTION, NTY	Baltim	N	YES 🔼 NO	3103 Pin	ZIP CO	od A	ven	ue 212
7	14. FA	THERSNAME FIRST Frank David	MIDDLE			ed-	atilda		elma		
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GI	MED FORCES? VE WAR OR DATES)	213-10-		Audrey Ley	ADDRI h 3103 Pi	ssBal newo	boc	Ave	, Md. 2121
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY: TE CAUSE (o)	0000		umoroary	ARRES	T		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
	NC	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									P.
2	CERTIFICATION	190 DATE OF OPERATION 2/12/85		TION FOR WHICH		N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO YES NO NO NO NO NO NO NO NO NO NO				
9		210. ACCIDENT WAS UNDERTYING 210. TIME OF INJURY 210. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART OF INJURY IN ITEM									
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	JRY OCCURRED 218. PLACE OF INJURY [AI HOME STREET, FACTORY, OFFICE, FARM, ETC.] 21f. LOCATION STREET CITY OR TOWN								STATE
		22a. I certify that (If (this hosp sow the deceased alive or above, (II-(we) (did) (did-		0	521	nd that in (and) (our) opinion of	to 2 2 2 2 2 deoth occurred on the d	a ote ond h	_, 19		hot 41 (we) lo couses stoted
		226. SIGNATURE	elli c	Ye	or	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (C)	2:	a)d	
		224 PHYSICIAN'S NAME (TYPE)	YEO	M.D.		GOOD 8	AMARITA	N	Hos	TIQ	AL.
	(Burial Cremation, Removal (SPEC FY) Cremation UNERAL DIRECTOR Dippe 7110 Belair	Feb 1 Fune:	23.85 Seral Home	ecur:		Pad LOCATION CITY OR TOWN Baltimo	ore,	Maj Istrar's	ryla	nd State



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

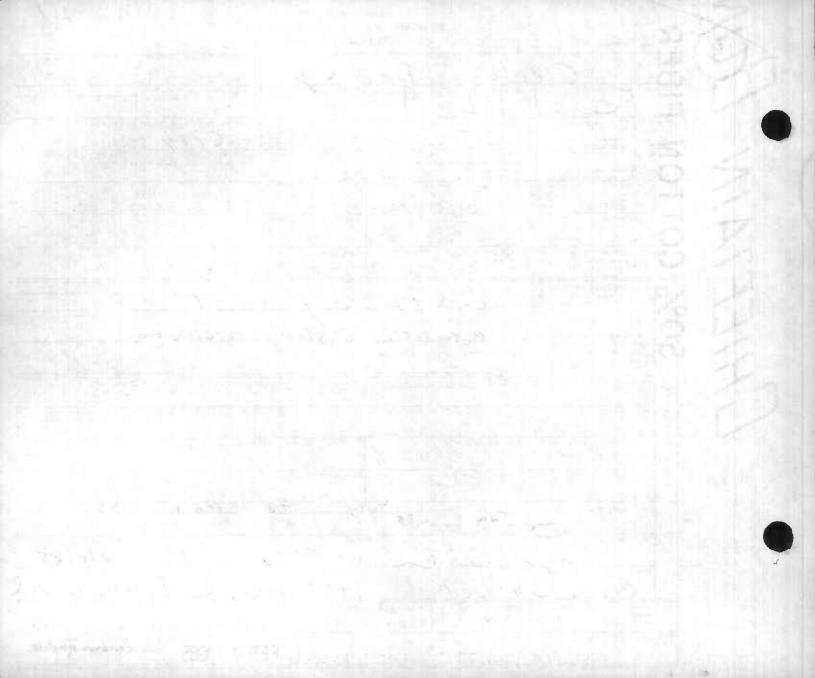
CERTIFICATE OF DEATH

REG. NO

- STATE

REGISTRAR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR			DEI ART	CERTIF	ICATE OF	DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. N	10.			
1. DECEASED NAME	FIR51		MIDDLE		LAST		20. DATE OF	DEATH	HINOM	DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	CECELI	A		EAF	RLY		FEBRU	ARY	18. 1	985		12:20a
3. SEX				5. DATE O			6 AGE (INY			IF UND	ERTYEAR	IF UNDER 24 HRS
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To BIRTHPLACE (STATE				? 8	[V]	MARRIED	9 BALTIMO	RE CITY	OR COUNT	Y OF D	EATH	
		II C	2 7	WIDOW		NARRIED -	Balt	imor	e Cit	ч		M
	DEATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	T ADDRESS)			12a USUAL				KIND C	OF BUSINESS OF
USUAL RESIDENCE (# P		THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)								
130 STATE	136 COUNT	Y	13c. CITY OR TOV			NO	13e.STREET					21201
Maryland 14 FATHER'S NAME			Baltir	nore	YES THER	S MAIDEN NA	11015	THE	rany		urt	21201
FIRST	MI	DDLE	LAST		13711017161	FIRST		WIDDIE			LAS	T
James	150 mlu 6 . 19.		Lee		17 INFORM	4.17		ADDR	Ecc			
(YES, NO OR UNKNOWN)												
NO			216-24-	<u>-1688</u>	Fran	k Earl	y 101	5 Ti	ffar	ly C		MATE INTERVAL
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190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTO		IN CERT	IFYING		NGS USED OF DEATH?
OR CONTRACTOR	CAUSE OF DEATH	HOUR A.	M. MONTH D	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NA	NO		PART I O	R PART 2)	NO 🗌
21d. INJURY OCC	URRED	21e PLACE	OF INJURY	FARM, ETC.)	21f LOCAT			CITY OR TO	NWC	C	VINUC	STATE
saw the dec	REGISTRAR EASED NAME FIRST MIDDLE OR PRINT) CORA CECELIA 4. RACE FEMALE STATE OR FOREIGN DUNTRY) LY AND Y OR TOWN OF DEATH CESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENTAL (IF NOT INSUCH FACILITY, GIVE WAR OR DATES) AS DECEASED EVER IN U.S. ARMED FORCES? AS DECEASED EVER IN U.S. ARMED FORCES? NO 18. CAUSE OF DEATH IEnter only one couse per line for to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) CATTION CONDITIONS, if ony, which gove rise to immediate couse (c). Stating the underlying couse last. CONDITIONS (c) HUPPET PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	ru 18 19	850					-	our and	from the		
77d PHYSICIAN'S	MAME LIVER DE	len	itts	us	122e ADDRE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSI				
	/					Maryla	and Gen	eral	Hosp.	ital		

should be detached for use as TO FUNERAL DIRECTOR.

MPORTANT: If he

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DHMH - 16 50M 4/83 (VRA 15, 4)

2/22/85

236 DATE

23e. BURIAL, CREMATION, REMOVAL

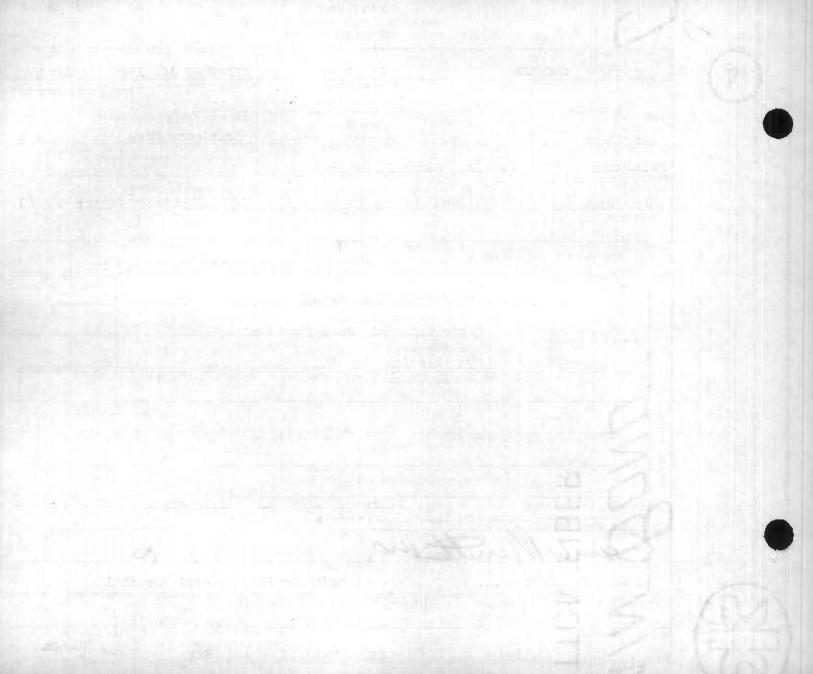
231 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

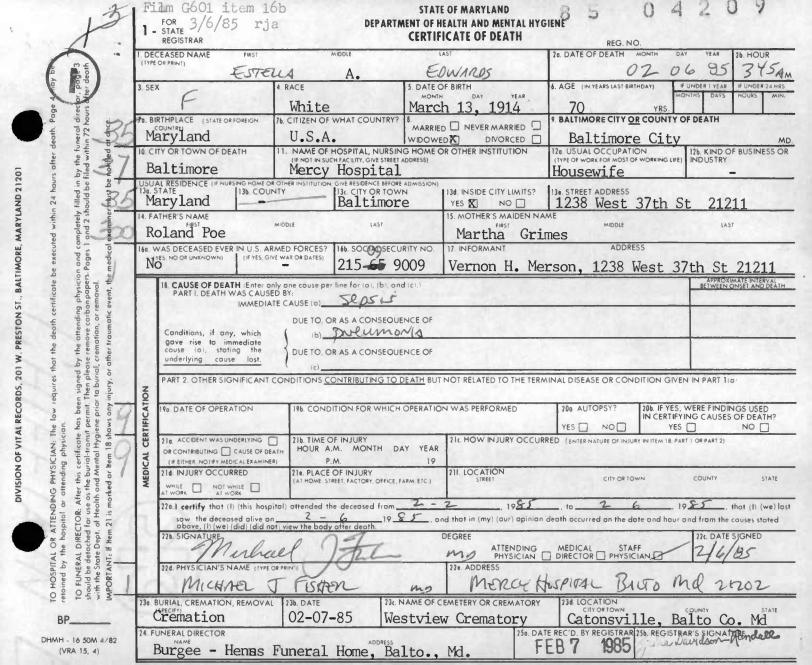
23d. LOCATION

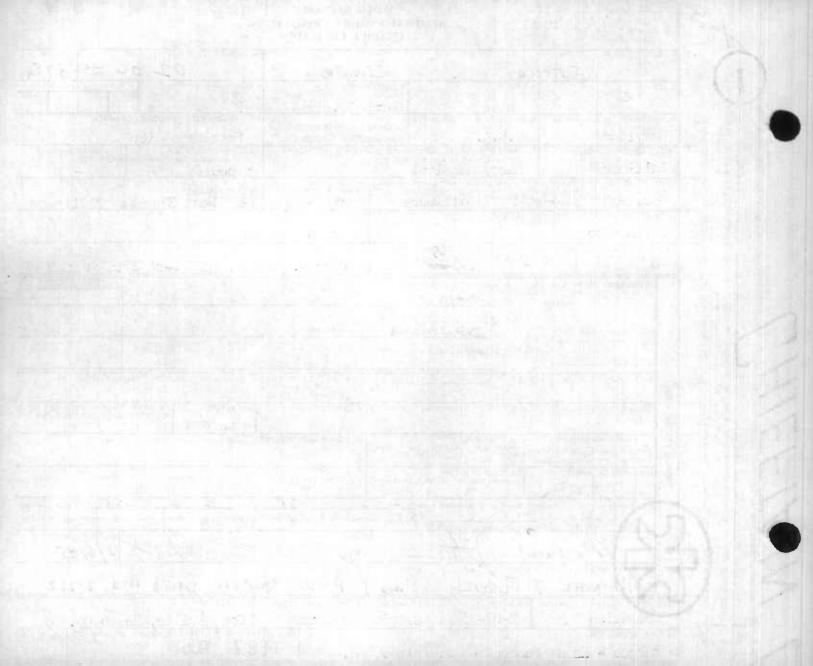
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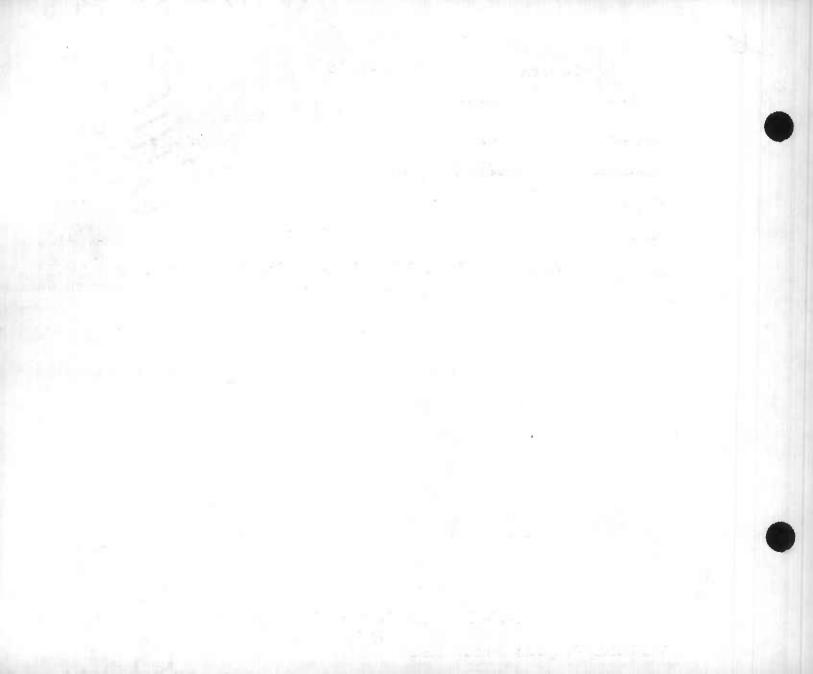
BURIAL 24 FUNERAL DIRECTOR C March F/H Inc. 1101 E North Avenu

Anne Arundel 750 DATE REC'D BY REGISTRAR 756 REGISTRAR'S SIGNATURE
FEB 1 9 1985 Julia Davidson Randelle





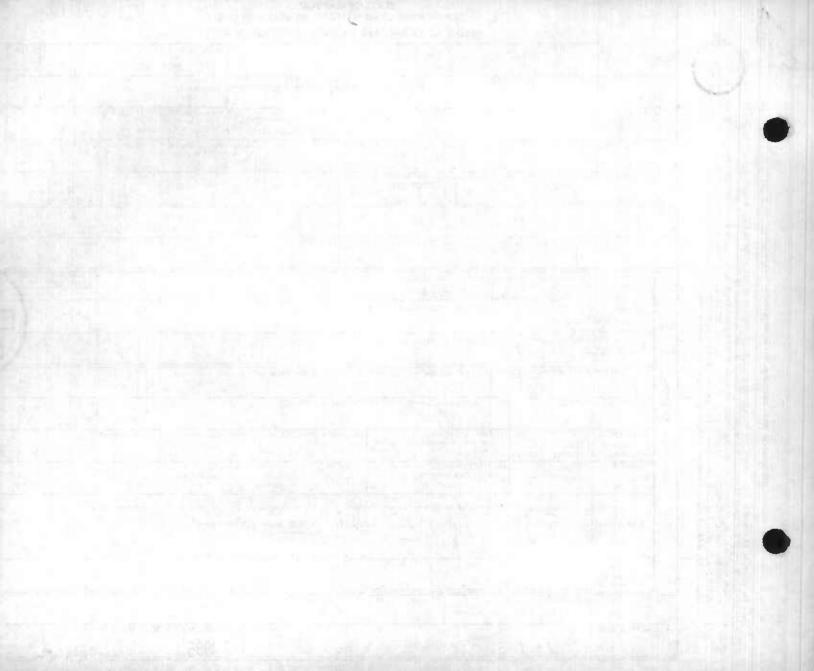




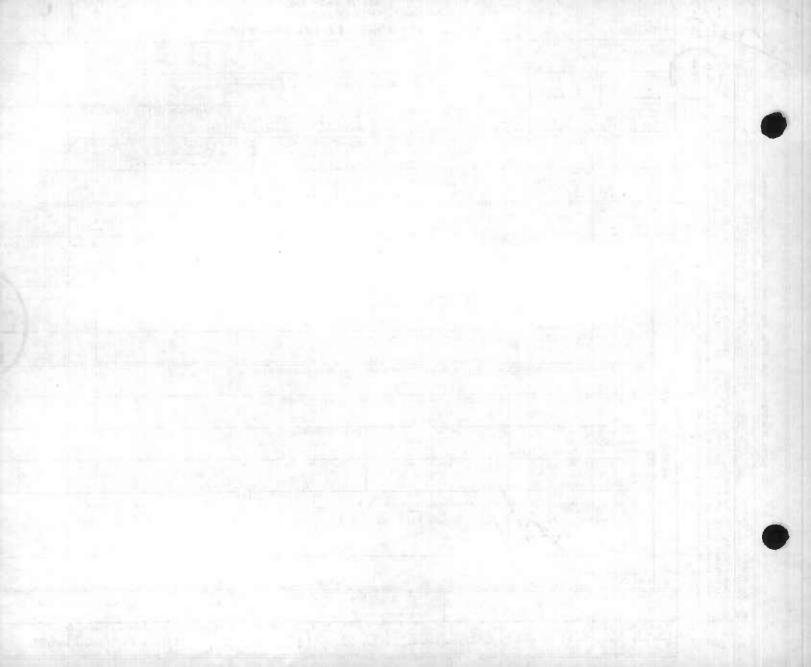
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

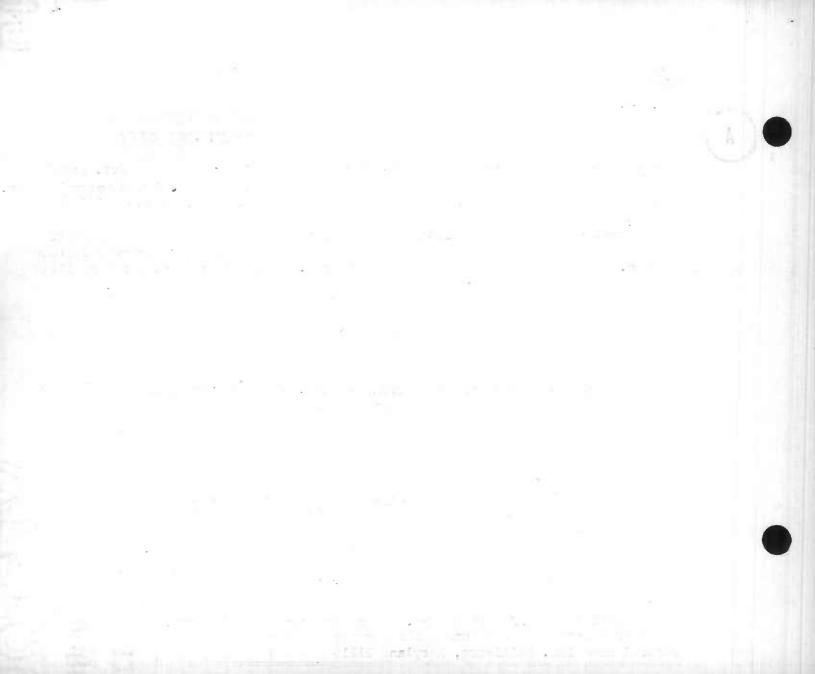
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	WA B B B B B B B B B B B B B B B B B B B		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TEO TO THE TERM	IINAL OISEASI	E OR CONDITION	GIVEN IN PART 1 to					
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PM. 3. RETAIN PAGE 1 TO FUND MEDICAL EXAMINER ALONG WITH FORM, PM. 3. RETAIN PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED BATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MAINAL HYGIEINE, DIVISION OF WITH RECORDS FOLLOWS.	TYPE OR PE	RINT)	Thomas D.	Smit	h, M.	D	ADDRESS	111 1	Penn St.	 Ba 	lto.,N	1D	
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1	EXAMINER'S N	NAME Great	ory R. Ka	aufima	an, M.I		ADDRESS]	ll Per	nn St.			
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FATHER'S NAME MITCHEL ILLERBY ILLER	DEPARTMENT OF HEALTH REGISTRAR -UNKNOWN 85-9 MEDICAL EXAMINER'S CONTROL RESIDENCE FOR THE PROPERTY OF HEALTH REGISTRAR -UNKNOWN 85-9 MALE BLACK SIDE OF BIRTH SITE OF WHAT COUNTRY? JOSECH COUNT CO., SOUTH CAR. USA JOSECH COUNTRY? JOSECH COUNTRY AND ENDOUGH COUNTRY? JOSECH COUNTRY AND ENDOUGH COUNTRY? JOSECH COUNTRY? JOSECH COUNTRY AND ENDOUGH COUNTRY? JOSECH COUNTRY AND ENDO	DEPARTMENT OF HEALTH AND MENTA REGISTRAR REGISTRAR PINTRIOWN 85-9 MEDICAL EXAMINER'S CERTIFICATE LOST Walter WINSLOW Ellerby Walter WINSLOW Ellerby SEX 4. RACE BLACK S. DATE OF BIRTH MALE BLACK S. DATE OF BIRTH MALE BLACK MINDLE WINSLOW Ellerby SEX 4. RACE BLACK MINDLE WINSLOW Ellerby MARRIEDX NEVER MA MODITION CO., SOUTH CAR. 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FOR

REGISTRAR

- STATE

13e.STREET ADDRESS / ZIP CODE 1918 E. Madison St. 21205 Lewis 212-44-4139 Irishteen Lewis 55 S. Morley Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21 Hours PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 12 10 85 sow the deceased glive on Fabruary 12 19 85, and that in (mg) (our) opinion death occurred on the date and hour and from the causes stated 72: DATE SIGNED C/O Maryland General Hospital Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 the Davidson Randage (VRA 15, 4) C March F/H Inc. 1101 E North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

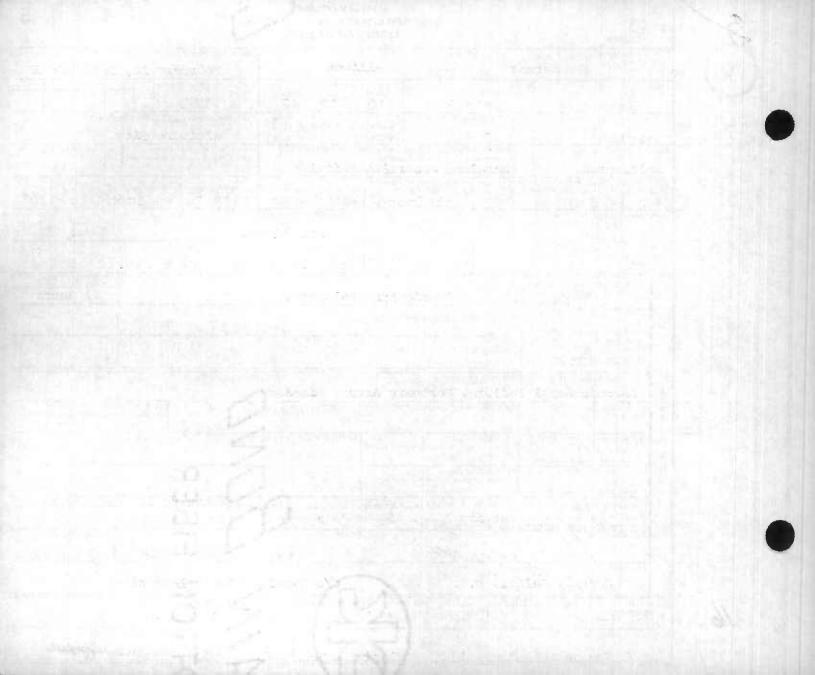
17b. KIND OF BUSINESS OR

IF UNDER TYEAR

INDUSTRY

5:05P M

IF LINDER 24 HRS



STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPA		ICATE OF D	MENTAL HYGIE EATH	:NE	REG. NO.	7,5			
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	3 SEX	- 1	4.	RACE	200,23	5 DATE (YE AR	AGE (IN YE	ARS LAST BIRTH		IF UNDER I YEA		24 HRS MIN.
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	10 CI	TY OR TOWN OF DEA	ATH 11			RSING HOME		ITUTION 1		CCUPATIO	N	126 KIND	OF BUSINE	-
3	Bo	altimore C	1/1/5	. Balti	More G	sen. He	spita	1	Ret 11	ed. Uf	PerA Ca			Cen
-	130 S	AL RESIDENCE (IF NURS	136 COUNTY		13c. CITY OR T	EFORE ADMISSION)	134 INSIDE CI	TY LIMITS?	3e. STREET	ADDRESS		0 /		
)	M	arvland	10	undel	Glen 1	Burnie	YES 🔀	NO 🗌	6668	Shel	1/4	Rd.	2100	6.1
	14. FA	THERSNAME						MAIDEN NAM	Ê		/		N. C.	
C	2:	John	MIC	DUE	M.A	410	N	FIRST		WIDDLE		Ku	AST	
	16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMA	NT /	ALL PARTY	ADDRESS	5 41	we that	May	e
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		PART I. DEATH W	AS CAUSED	BY.	ann	111- L	Lum	many	FA	ILUM	16	BETWEE	N ONSET AND	DEATH
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		cause (a), statin underlying cause	g the	DUE TO, OF	AS A SONSE				1		, ,	200		
	100	onderlying eduse	1031.	(c)		SNOCHI) E (1	48 61	106			
	Z	PART 2 OTHER SIGN	VIFICANT CO	0-			NOT RELATED	TO THE TERMIN	AL DISEASE	ORCONDI	TION GIV	EN IN PART	la:	70
	01	GRE	tin 1		457A									
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	TICH OPERATIO	N WAS PERFO	RMED	200 AUTO	PSY?	20h IF YES	, WERE FIND YING CAUSE	INGS USED	H2
	TIF	Anna medical							YES 🗌	NOM	YE:		NO [
2	CER	210. ACCIDENT WAS UND	-	216 TIME OF	FINJURY M. MONTH	DAY YEAR	21c HOW IN.	JURY OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18 P.	ART I OR PART 2)	1	
1	AL	OR CONTRIBUTING (P.A		19	N. BUS							
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	W	WHILE NOT WH	ILE _	I AT HOME STR	EET, FACTORY, OFF	FICE, FARM, ETC.)	1,000			CITY OR TOWN		COUNTY	\$1	TATE
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				14.	100.	Cont	office in invi	(our) apinian de	ath accurred	on the date	and hour	and from th	, that (I) (w	ve) lost
		saw the decease above, (1) (we) (c	lid) (did not) (new the bady	atter death.)		DEGREE	out, aprillation		on me date	dia naoi	1		iled
		220. SIGNATURE	ma	(2	40	1-2		TTENDING _	MEDICAL	STAFF	./	IZC. DAT	ESIGNED	10
Ц	23		ve	10.	100	w	1. LI F	HYSICIAN [DIRECTOR [PHYSICIA	N	129	Jel	-8
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		300	0	. (ORN		3001	3.47	9700	8R 6	ALT	Imon.	E ML),
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR C	REMATORY	23d LOCA				1	
		BuriAL		2-27-	-85	Holy	Cross	Crm.	Broat	DRIOWN	1	COUNTY	mi	ATE .
	24 FL	INERAL DIRECTOR				ss 237 €	Patrone	25a. DATE	REC'D. BY RE	GISTRAR 25	REGIST	RAR'S SIGNA		
	-01	NAME		11	ADDRE	SS	FATAPSE O	MA!	71	1085 4	relia L	auchan-	Almolak	les

DHMH - 16 50M 1/81 (VRA 15, 4)

Variable Commence of the state 1967 1987 According to the small of the second No see that the street street street south Berth 3+37-18 Hell Corp. Cont. Survey & A. Miss

FOR		DEPA		OF MARYLAI		ENE B	5 0	4 6	4 1 /
- STATE REGISTRAR	FIRST	MIDDLE		CATE OF DI	HTA	2s. DATE OF DE	REG. NO.	DAY YEAR	
1. DECEASED NAME TYPE OR PRINT)		G.			800			DAY TEAK	26 HOUR
1 SEX	EBERLE		5 DATE O	SOR		FEB.	16,1985	IF UNDER 1 YEAR	4:43F
Male		nite	MONTH 9		YEAR 10	74		MONTHS DAYS	HOURS MIN.
COUNTRY) Marylan		USA	MARRIEI WIDOWE	NEVER M.	ARRIED -	4-3-2	CITY OR COUNTY		M
BALTIMO		ME OF HOSPITAL, NUR TNS ^{UCH} HOPKTT			1UTION 21205	120 USUAL OCC	UPATION MOST OF WORKING LIFE	E) INDUSTRY	of Business of e Track
Ma Florid	NURSING HOME OR OTHER IN 136, COUNTY 3.	STITUTION GIVE RESIDENCE BER 13. CITY OR TO Orland		13d. INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS / ZIP CODE Michiga	n st.	32805
A FATHER'S NAME GEORGE	MIDDLE	Ensor	Ti Maria	15 MOTHER'S	IRST	M	IDDIE	Eppe	
160 WAS DECEASED E 14ES, NO OR UNKNOWN NO				Mrs. R		or 1412	ADDRESSOrla W. Mich	ndo, Fl igan St	la. 3280
Canditions, if gave rise to cause (a), st underlying co	any, which immediate adding the lost. DUISE lost.	E TO, OR AS A CONSEC	DUENCE OF DUENCE OF E	1 FM 1 YOLAI NOT RELATED T	BOLU BDIAL TO THE TERMI	INF	ARCTION GIV	30	
21a ACCIDENT WAS	UNDERLYING 216	TIME OF INJURY		21c HOW INJ	URY OCCURRE			YING CAUSES	NO [
OR CONTRIBUTIONS	CAUSE OF DEATH	OUR A.M. MONTH	DAY YEAR						
21d INJURY OCC	URRED 21e	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	N	CI	TY OR TOWN	COUNTY	STATE
22a I certify tha	(1) (this hospital) atte	ended the deceased frame by 15 19 he bady alter death.	75 , an		, 19 <u>85</u> our) opinian d	_, 10	the date and have	and Iram the	that (I) (we) lo causes stated SIGNED
1	- Carelle	woffen	0	AA A AI		MEDICAL DIRECTOR •	STAFF PHYSICIAN (1)	2/	16/85
R	ROUBEN			JOH	INS	HOPKI		OSPITI	AL
230. BURIAL, CREMATIO	al 2	11		emetery or ci	em. Pk.		imore	COUNTY	State Maryla
A. Alan Se		818 Roland	Ave.	21211	250-DATE FEE	1 9 198	5 Wie Da	par's signal	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
A. Alan Seitz, Jr. 3818 Roland Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

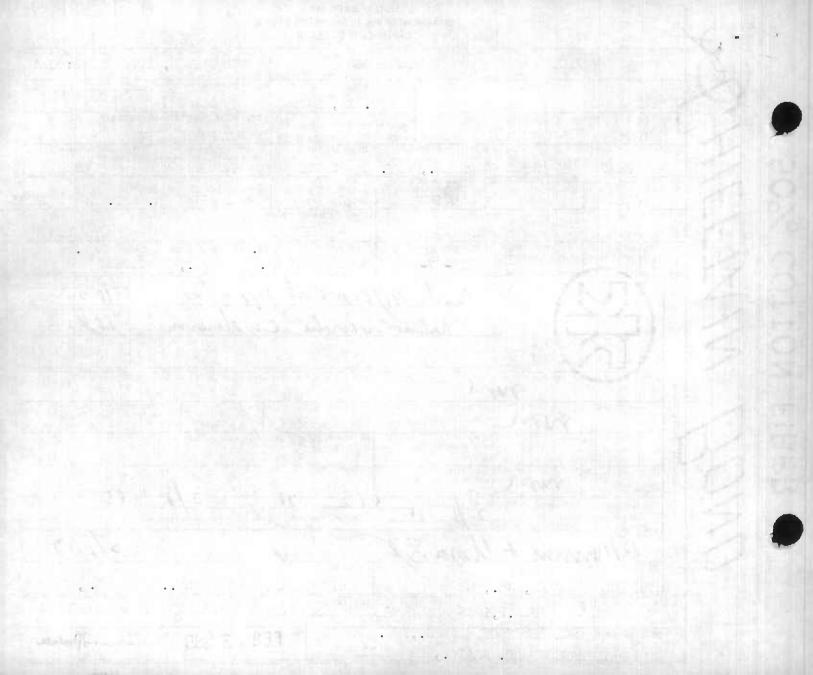
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1	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1		CEASED NAME	LOUIS		MIDDLE	ESTE	RSON	PEBRUARY		985	2: 02 A
	Q. 5E	S CONTRACTOR		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI	(THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	de N	MALE		WHITE	3		V. 20, 1900	84	YRS	MOINING BATS	HOURS MIN.
3	Fa. 81	RTHPLACE State OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
		MARYLAND		USA		WIDOWE		BALTIMOR	E CITY	(MD.
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPAT			F BUSINESS OR
2		BALTIMORE		3602 FC	ORDS LA.,	APT.	C #21215	MANAGER			BBER
d	13a S	AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
2		MARYLAND	the same		BALTIMO		YESXX NO	3602 FORD	S LA.	APT. C	#2121!
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	1
Ľ,		JACOB	16		ESTERSON		REBECCA	4			NTICH
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT M	RS. BERTHAP	ESTERS	SON AP	T. C
		10			216-07-	0886	3602 FORDS LA	A. BALTO.	,MD 2	21215	
Ŋ		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b), and	dic.	1-1	. 1 +		BETWEEN	MATE INTERVAL DNSET AND DEATH
ď		PARTI. DEATH W		TE CAUSE (a)	auni	m	rocaranal	especies.	n	10.	m
		6		DUE TO, O	R AS A CONSEQUE	NCE OF	0 A	· · · · · ·		10	4-
1		Canditions, if ony,		(b)	arle	w	selvolu (vanus	n	10	
		gove rise to imm couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
7	83	underlying couse	lost.	(c)_							
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	TIO			IVI	VC .				Ton or one		
2	CERTIFICATION	190 DATE OF OPERA	NON	1 NO COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
6	ERTI	21g ACCIDENT WAS UNI	y V	7 21b. TIME O	E MILLIPOV		Tal. How hilling occurs	YES NO		S 🗌	NO 🗌
7	Mark CI	OR CONTRIBUTING	-	1.00.10	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN)L	RY IN ITEM 18 P	ART 1 OR PART 2)	
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ij	MEC	MILE IN NOT WE	10	21e PLACE	REET, FACTORY, OFFICE, F	ARM, ETC)	211_LOCATION	CITY OR TO	IWN	COUNTY	STATE
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ì		220 I certify that (1) saw the decease			2 / 19 F	6	nd that in (my) (our) opinian o	tenth accurred on the	ate and how		that (I) (we) last
-1	-	abave, (1) (we) (c 22b. SIGNATURE	did) (did no	ot) view the bady	after death.		DEGREE	acom accorred air me a	The drid fidos		
d		am,		. F.	11/2000	0	ATTENDING A	MEDICAL STA	FF	22c. DATE	185
		22d PHYSICIAN'S N	AME (TYPE)	M/M	Wilvor	1	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN []	1-/1	10-
ij					MD			COUNTRY DI	WD.	DAITO	MD
1	22 p	MAURICES				IAME OF C		COUNTRY BL		BALTO.	JAID
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	24 FI	INERAL DIRECTOR	SOI		N & BROS.		250 D##			RAR'S SJGNAT	NDE
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DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO., MD



STATE OF MARYLAND

TALE .: TO A TOP LOOK 100 34 100 bre-mi Collin and a mental avenue - - Werry a. Syene selettore, Meryland 21222

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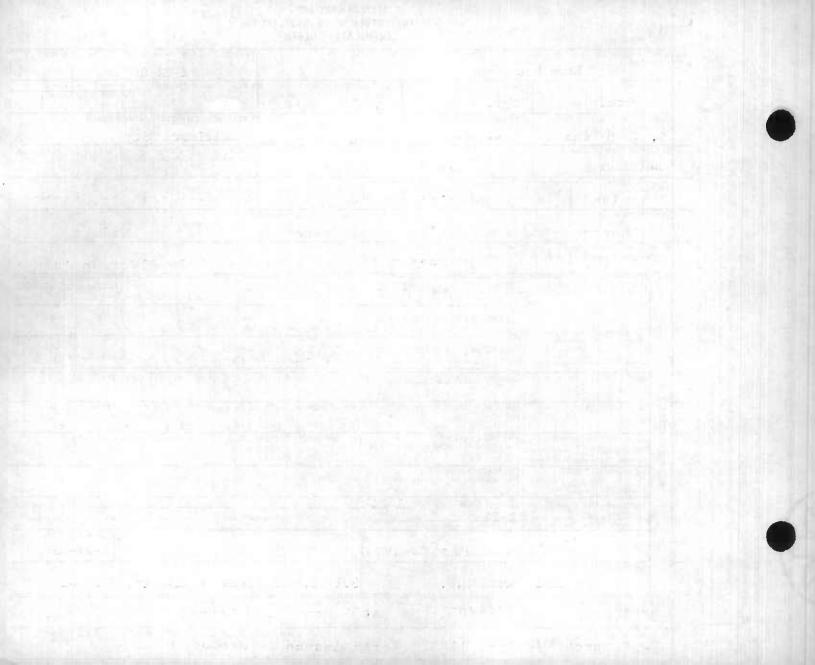
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10			ecili	ia Ma	ry Eve	ins CERTI	FICATE OF DEA	TH	REG.	NO.	,	
(16)		CEASED NAME	FIRST	1	MIDDLE		LAST		O. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
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and d	¥	OR CONTRIBUTING C.		1 HOOK	P.M.	19						
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E		220.1 certify that (1)		l) attended	the deceased I	rom_ 91	13	19 83	_, to	0	19. 85, th	nat (1) (we) last
21 is		sow the decease	d alive an_	2	8	19 85	nd that in (my) (our	r) opinion de	ath occurred on the	date and hour	and from the co	uses stated
e B		above, (1) (we) (d	(did not)	view the bo	dy owner death.		DEGREE				22c. DATE S	
E De		1/201	//1/	11/	20 ,000	HI	ATTE	NDING &	MEDICAL ST DIRECTOR PHYS	AFF	21	1105
Stat AN	-	224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)	erran		22e ADDRESS	SICIAN L	DIRECTOR PHYS	ICIAN [1100
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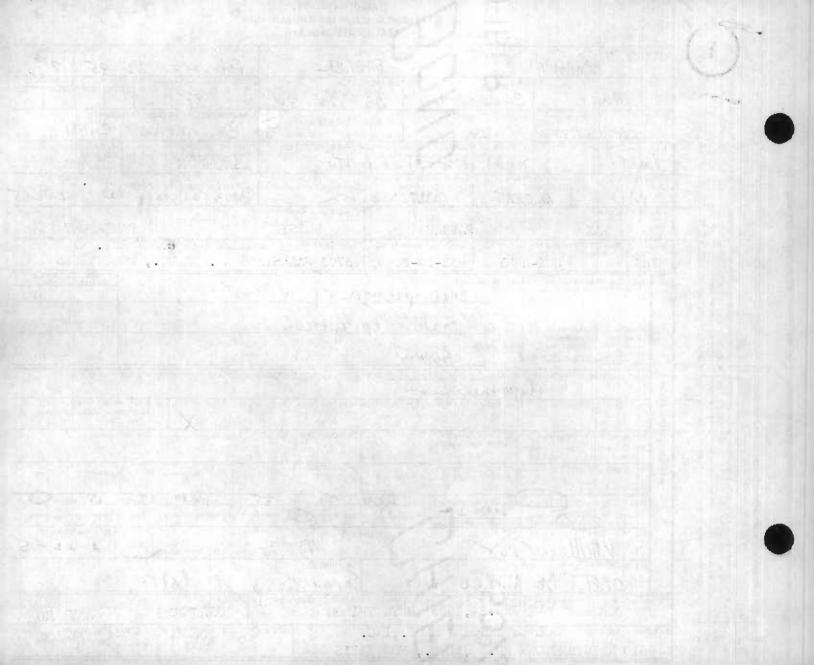
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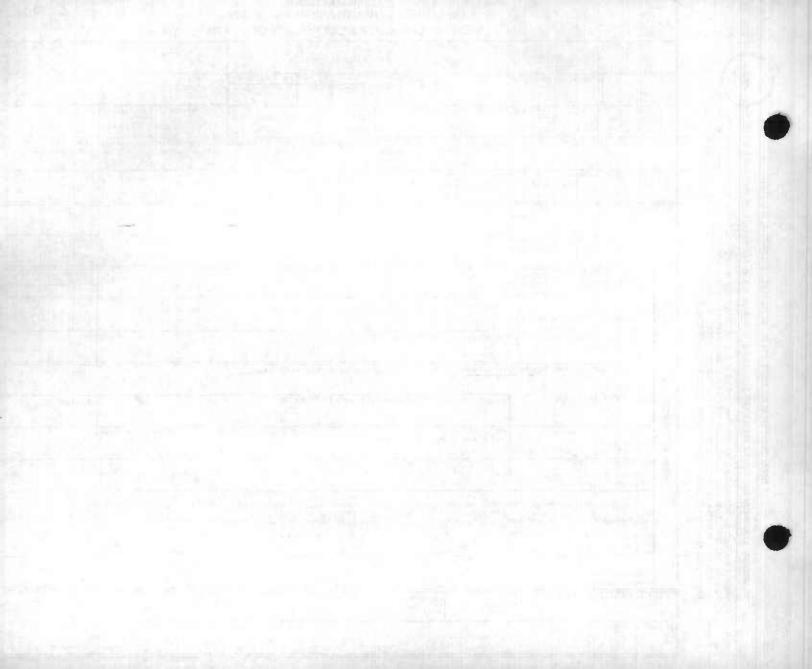
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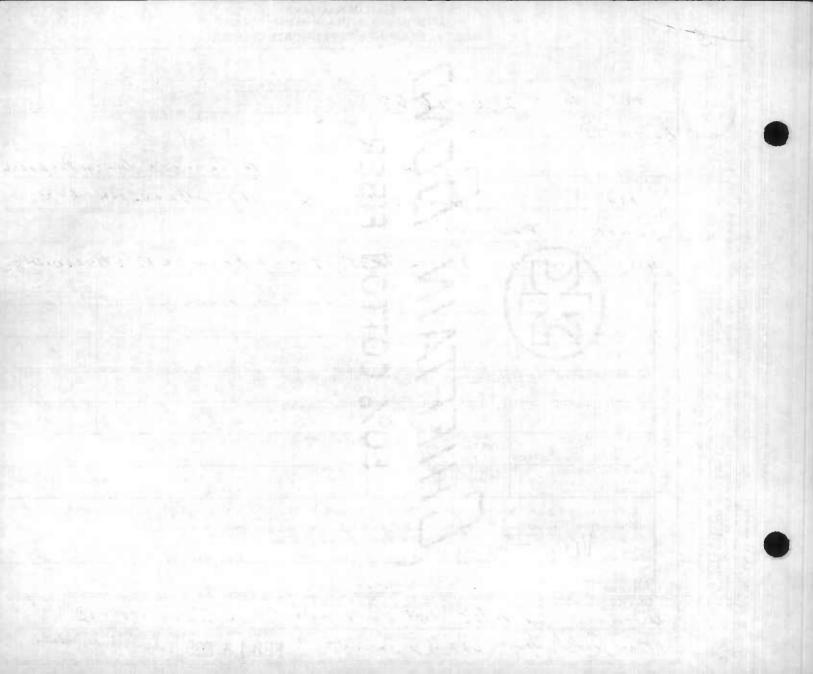
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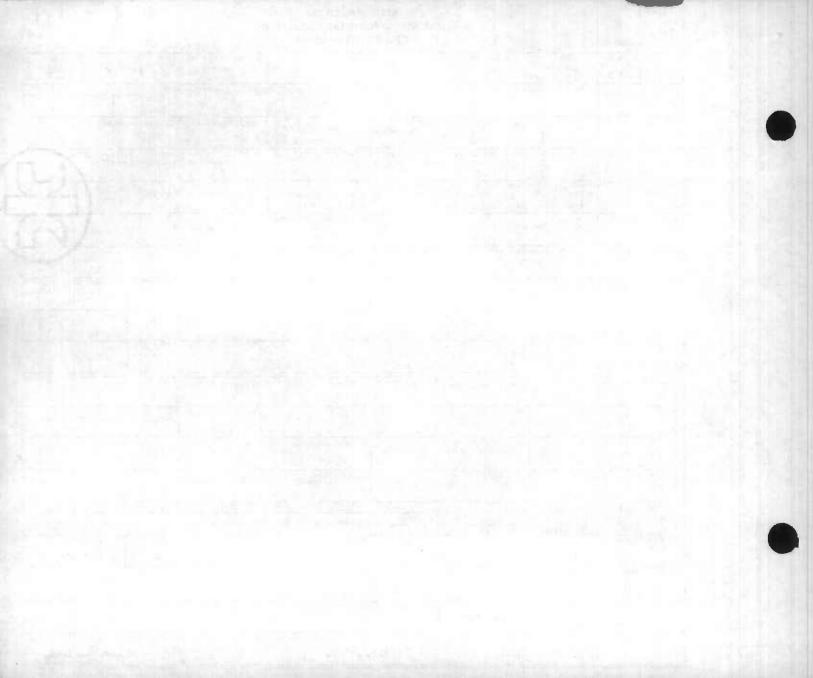
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DEPARTMENT OF HEALTH AND MENTAL HYG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) ESTI-**THOMAS** FENWICK, SR. J. DEATH MATED 2-11-8519 6. AGE (IN YEARS IF UNDER 1 YR 4 RACE . SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD 2-11-8519 3:58A 6 A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 0670 Baltimore City WIDOWED _ DIVORCED 18-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore 1732 Braddig # Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE CITY LIMITS? CYIMORS YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 11 19 05 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS T. PAGES I (IF YES, GIVE WAR OR DATES) FORNICK INZ BRANDISH wwil 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) < CERTIFICATION JER THIS CONTROLL OF THE WORLD THE CHIEF NOW ARREST TO THE CHIEF NOW. POR: PAGES SHOULD BE USED THE STATE DEPARTMENT OF HE THE STATE DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER B6ATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Accident Suicide Hamicide Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street 23c. NAME OF CEMETERY STATE NOWNS VILLENNY 07/84 250 REGISTRAR'S SIGNATURE 25M 24 PUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

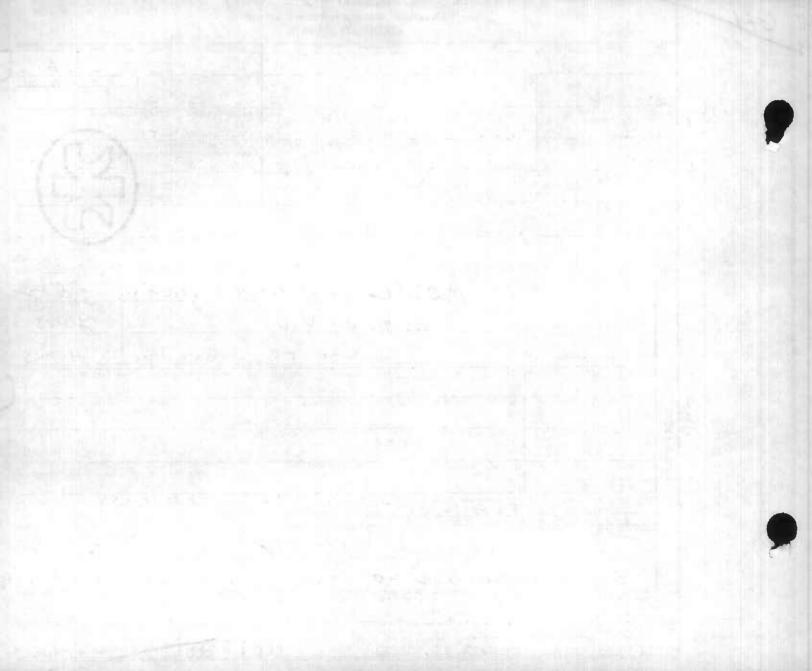


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D. 21201 IF ANY DELAY IS NECESSARY, PLEASE AND 3TO THE FUNERAL DIRECTOR. SHOULD BE FILED, WITHIN 72 HOURS LL RECORDS, 201 W. PRESTON STREET,		MARYLAI	ND	U.S	S.A.	1300	WIDOW		DIVORCE	6	Balti	more	City	,		MD.
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AAIN ORDE				OR OTHER INSTITUTION, GIV	E RESIDENCE B		N)	13d. INSIDE C	ITV I MATES	13e. STREET					1224	
AND		Mp.	130 COOK		B	ALTO,		YES X	NO 🗌	118	N	BRAD	FORT			
MD. HTH. IF	14. F	ATHER'S NAME		MIDDLE		AST		15 MOTHE	ER'S MAIDE	NNAME	MIDDI				AST	
ORE, MD. 2 R DEATH. IF A AGES 1, 2, A RM PM 3. R T AND 2 SH V OF VITAL RI		LIK21	JOHN	FEREN		ASI) N	MARY	T	020		D	ASI	
MO PAGO		WAS DECEASED	EVER IN U.S. AR			AL SECURITY	NO.	V INFORM	MANT	- 0		ADDRESS			2122	4
JRS AFTER DEATH. JRS AFTER DEATH. B. GIVE PAGES 1. WITH FORM PM. T. PAGES 1 AND 2. DIVISION OF VITA	1	No	(IF TES, GIVE	WAR OR DATES)	213-	03-173	SA	Ma.) others	- Wan	kler.	- 425	5.5	Behin	the R	,
HOURS AF HOURS AF M 18 GIV NG WITH RMIT PAG INE, DIVISI		18 CAUSE OF	DEATH (Enter on	ly one cause per line	far (o), (b),	and (c).)									PROXIMATE	INTERVAL AND DEATH
W. PRESTON ST., WITHIN 24 HOUR FENCIL IN IEM 18. TRANSIT PERMIT. INTAL HYGIENE, D OR REMOVAL.		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (0) A1	rterio	scler	otic	Cardi	iovasc	ular	Disea	se		BETWI	EEN ONSET	AND DEATH
IN 24 IN ITE ALO			WWW.EDTA	DUE TO, OR	AS A CONS	SEQUENCE O	F									G 1133
WITHIN WCIL IN NCIL IN INER A FRANSIT VIAL HY			i, if any, which	(b)												
T W. PRE ED WITHI PENCIL AMINER L- TRANS AENTAL H			tating the under-	DUE TO, OR	AS A CONS	EQUENCE O	F									
ZOT EXA		lying cous	e last.	(c)												
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MED BE CREATED AS A SA S	CERTIFICATION	190. DATE OF	OPERATION	Ties CONIDIA	IONI CORNA	/HICH OPERA	TIONING	A C DEDCOD	MED 2	THE ST						
OF VITAL RE SHOULD EWORD "PE THE CHIEF N UD BE USED A WENT OF HEA	7 5	178. DATE OF	SPERATION	196 CONDII	ION FOR W	THICH OPERA	HON W	AS PERFOR	MED?						UTOPSY?	
S CERTIFICATE SHOU RITING THE WORD RED TO THE CHIE E 3 SHOULD BE USE E DEPARTMENT OF HOUP ROUSE	1 5	21a EXTERNAL	CALISEWAS	21b. TIME OF	161111DV		In uc	NA INTERIOR	00000000						ES 🗌	NO X
		UNDERLYING	OR	HOUR A.M.		DAY YEAR	ZIE MC	W INJURY	OCCURRED) (ENTERNATI	URE OF INJURY	IN ITEM 18 PA	ART TOR PAR	XT 2}		
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DIVISICE HIS CERTIFIED WRITING ARDED TARGED TARGED TARGED TARGED SHIP TOOL PRICE TOOL PR	MED	214 INJURY OF			ORY, FARM, ETC	(AT HOME,		ATION		c	ITY OR TOWN		COL	UNTY		STATE
WWAI ZIZ		AT WORK	AT WORK	-								1				
L EXAMINER: THI CERTIFICATE, WOULD BE FORWAR M. WITH THE STA MARYLAND, 213		22a. I certify	that I taak charg	e of the remains desc	ribed abov	e, held on	Autops	у 🔲,	Inspection	X.	Inquiry []. and	in my op	onian		
EXAMINER: CERTIFICATE JULD BE FORM I, WITH THE S		death resulted	d from: Natur	ral couses X.	Accident	, Suid	ide .	Hamie	ide .	Undeterm	ined mann	er .				
EXAMI CERTIFI JLD BE DIRECT WARYLL		4.671141		TIM	1	1		TITLE (S	PECIFY)							
ATHE RAIL RE, A		ACTUAL SIGNATURE_		NI		<u> </u>	M.	D. ASS	istant	MEDICA	L EXAMIN	ER	DATE	D_2	/19/8	35
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH,		(TYPE OR PRIN	T) Gred	ory R. Kai				ADDRESS_		l Pen						
AUS 14 4 9	23a E	SPECIFY)	ION, REMOVAL 2	1 1	23c. N	AME OF CEM			0	23d. LOCA	OWN	1.	COUN	YTY	STA	TE
07/84 BP	-			2 22 85	51	. STAN	SISLE		EJ.	1 6	SALTO	. M	D -		7744	
DHMH - 17	10	INERAL DIRECT	de de	ADDRESS		,	-		250. DATE R			256 REGIS	HAR'S S	IGNATU	RE	
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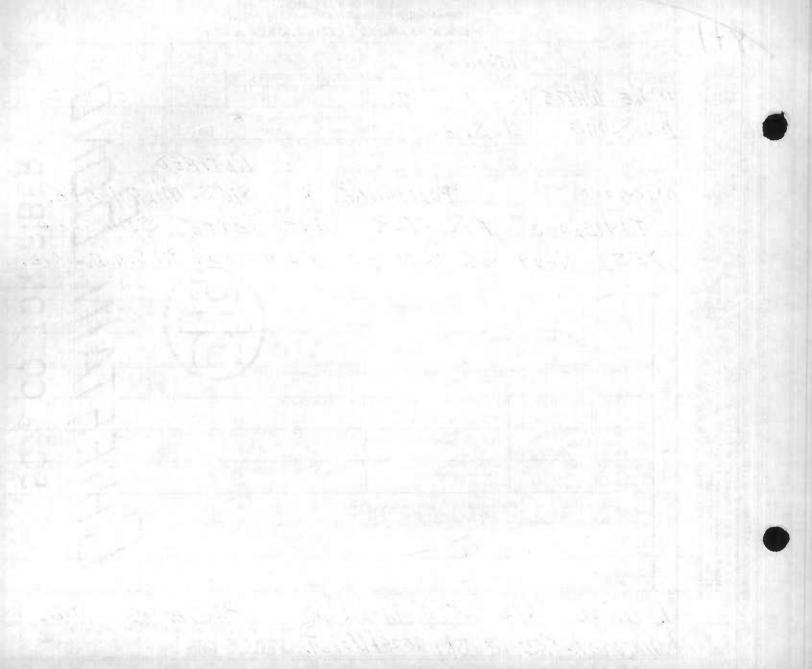


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mo bo	3 SE	х		I. RACE		5. DATE C			6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I		FUNDER 24 HRS
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6 99 67/	7a B	RTHPLACE (STATE OR)	OREIGN	'b CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	ADDIED	9 BALTIMORE CIT	OR COUN	TY OF DEA	TH	
to 25		ryland		U.S.A.		WIDOWE		ORCED	Baltimor	e Cit	7		MD.
1 11 20/	10 C	ITY OR TOWN OF DEA	TH	1. NAME OF I	HOSPITAL, NURSIN	IG HOME C	R OTHER INST	ITUTION	12a USUAL OCCUP		12b. KI		BUSINESS OR
0 1 199/		ltimore		Francis	Scott K	ey Med	dical Co	enter	Mechanic				Steel
212	USU 13a	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c CITY OR TOW	ADMISSION)	13d. INSIDE CI	TY HAAHS?	13e STREET ADDRES	S / 7IP CC	UE		
ON EPM		ryland	1	imore	Dundalk		YES [NO X	2005 Kel			2	1222
日 划物/12	19 F	ATHER'S NAME	A	HDDLE	LAST			MAIDEN NAM		1996	A-To	1	
WW I TO	V _C	narles		H.	Fifer			rina	MIDOL		S	chic	k
NE.	16a \	VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	AD	DRESS 19.	L6 Haz	elme	ere Road
JIM	Ye		WW		212-01-	L738	Betty	A. Rei			lto.,		21222
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ST., I		PART I. DEATH W	AS CAUSED IMMEDIATE		ACL	des	+ YN	xo caro	lal In	arch,	m	1	day
or re					R AS A CONSEQUI	NCE OF	-	10	U				0
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the the remover trees		gove rise to imr	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF						0	
that d by eose ol, cr		underlying couse	lost.	(c)_		0	1ABE	Tes	MEL	LITU	25	4	Emrs
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate recent and physician. The law requires that the death certificate bas been signed by the attending physician and communes that his certificate has been signed by the attending physician and communes that had mental hygene prior to burial, cremation, or removal and mental hygene prior to burial, cremation, or removal are also shows only injury, or other traumatic event, transition is the property of the prope	-	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NOITION	SIVEN IN PA	RT 110	
ORD requ	CERTIFICATION							- 89 0					
Down low	CA	19a DATE OF OPERA	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?	20b. IF Y	YES, WERE F	INDING	S USED
TAL R	RTIF								YES NO		YES		NO 🗌
NITA AN: TH hysicic fronsit Tronsit 18 sho		OR CONTRIBUTING		216. TIME O		Y YEAR	21¢ HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	AJURY IN ITEM 1	8 PART I OR PA	RT 21	
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NG officer of the orther orthe		AT WORK NOT WH	ire ∏									1	
SNDI ol ol use use Heal		22a.1 certify that (I)				and the same	44	, 19_72		B 14		, , , , , ,	ot (I) (we) lost
ATTE Sepute CCTO Sepute		sow the decease above, (1) (we) (a	id olive on	view the body	ofter death.	. on	d that in (my)	(our) opinion c	leath accurred on the	dote and h	aur and from	n the co	ises stated
the host the bord the bord the bord the best the		774 SIGNATURE	0	0	(DEGREE	TTENDING	1	TAFF	221. 1	DATE SH	NED /
PITAL by the ERAL State ANT: 1		1	· C	sene	aun	1	~10/ P	HYSICIAN &	DIRECTOR PHY	SICIAN [21	16/83
HOSPITAL ined by the FUNERAL old be deten in the State ORTANT:		22d PHYSICIAN'S NA	,			1	22e ADDRESS		1	11.	1. D	11	111)
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7 5 7 2 7		URIAL, CREMATION,	REMOVAL	23b. DATE	23(. 1	AME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY		STATE
BP	Bu	rial		2/19/	1985	Garder	s Of F	aith	Baltim	ore	COUNTY	Mā	ryland
DHMH - 16 60M 7/84	24. Ft	INERAL DIRECTOR DE	ida-Ru	ck, Inc	ADDRESS				REC'D. BY REGISTR				
(VRA 15, 4)		22 Wise Av				21222		FE	B 1 9 1985	Julie	a Davids	on-A	indele.



1	500	050 4 074454	STATE OF MARYLAND	62	0 1 9 7 4
1 1.	FOR STATE		IT OF HEALTH AND MENT AMINER'S CERTIFICAT	E OF DEATH	0 न द उ न
1 1.0	REGISTRAR ECEASED NAME FIRST	MIDDIE	LAST	20. DATE KNOWN	
	YPE OR PRINT)	EY (JAMES)	FILIPIAK	OF ESTI-	
3 S		S. DATE OF BIRTH	GE (IN YEARS IF UNDER 1 YR. LIF UI	NDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUI
n	TALE VILLITE	Ano, 16 1919	72 YRS.		2 21 18 85 6:31
70.	BIRTHPLACE (STATE OR	16 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	Y OR COUNTY OF DEATH
n	DARYLAND	U.S. A.	MARRIED NEVER A	vorced Baltimor	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	S HOME, OR OTHER INSTITUTION		
	Baltimore	810 S. Milton	Ave.	RETIRED	OK INDUSTRY
	JAL RESIDENCE (IF IN NURSING HOME STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		IIIS2 III-STREET ADDRESS.	21224
2	DRYLAND -	BALT	IMORE YES NO	0 8/0 S. MIL	TON AVE.
14.	FATHER'S NAME	MIDDLE A LAST	15. MOTHER'S A	MAIDEN NAME	S. A.I. (A LAST / -
15	STANISKALL	5 +12/9/	ANTO	ADDRE ADDRE	SCHRADER
166	WAS DECEASED EVER IN U.S. AI (YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR GATES)	ECURITY NO. 17 INFORMANT	MARMAN SIA	S. MIHON AVE.
H	18 CAUSE OF DEATH (Enter of	14 MMITIAIS O	10973 11114	MONINGN OIL	J. MILLION HYE,
		nly ane cause per line far (a), (b), and ED BY: ATE CAUSE (a) <u>Arteriosc</u>		agular diagogo	BETWEEN ONSET AND DEATH
	IMMEDIA	DUE TO, OR AS A CONSEQ		SCUIAL GISEASE	
110	Canditians, if any, which				
	gave rise to immediat cause (a) stating the <u>under</u>		JENCE OF		
	lying cause last.	(c)			
		S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	TIME CONDITION FOR WHIC	H OPERATION WAS PERFORMED		
201	The Date of Orekanon	178. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20 AUTOPSY?
	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21¢ HOW INJURY OCC	URRED LENTER NATURE OF INJURY IN ITEM	TR PART 1 OR PART 2)
		HOUR A.M. MONTH DAY	YEAR		TOTAL TOTAL AT
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT			
Ž	WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		rge of the remains described above, h	eld an Autapsy . Insp	pectian X, Inquiry	4
		ural causes Accident	Suicide , Hamicide	Undetermined manner	and in my apinian
	A-	Accident L	TITLE (SPECIF		
	ACTUAL SIGNATURE	JAXO-	· · · · · · · · · · · · · · · · · · ·	tant MEDICAL EXAMINER	DATE SIGNED 2-22-85
	EVAMINIED'S NOME 7 NO	M Davier M.D.			
	(TTPE OR PRINT)	M. Dixon, M.D.	ADDRESS	Penn St., Balto	., Md. 21201
236	BUTIAL, CREMATION, REMOVAL	236 DATE INQUESTINAME	OF CEMETERY OR CREMATORY	Joych ,	COUNTY STATE
26	DINERAL DIRECTOR	2/25/1985 5/1	MANISMUS	DATE REC'D. BY REGISTRAR 256 RE	RE MID.
K	Nam 2 NA / K	MANDADORES Chi 24	25 5/867 7	ED 9 5 400E	GISTRAR'S SIGNATURE Davidson-Randale
44	IIII IN A CITO IN	CAUTURONIAS	1 2 - 1 0 1 - 5	ED 40 1900 1000	



FOR

REGISTRAR

- STATE

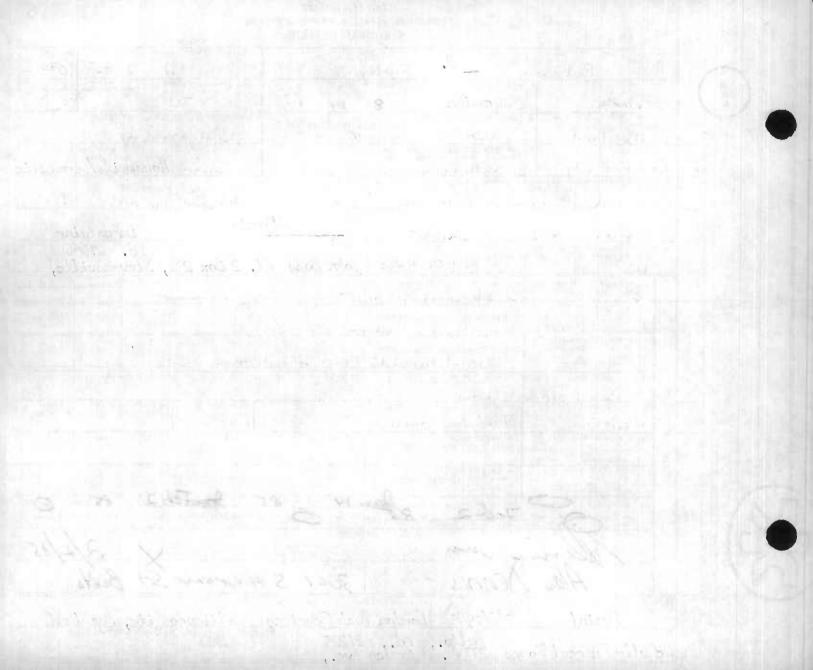
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10		1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. N	0		See S	0 0
		I. DEC	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
1 20		(TYPE	ORPRINT) Batbar	A.D.	Finle	4		2	2 8	5	1020 AM
1 2	1	3. SEX		4. RACE		F BIRTH	6. AGE (IN YEARS LAST BI	PTHDAY)	IF UNDER		IF UNDER 24 HRS
1 8	/		Female	Cavasian	MONT 8	DAY YEAR	7	O YRS.		DAYS	HOURS MIN.
£ 83			RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9. BALTIMORE CITY			ATH	
deoth. funeral	25	(Maryland	USA	WIDOW	D NEVER MARRIED DIVORCED	Ballin	~ C	1.1.		MD.
thu thu		10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a USUAL OCCUPAT	ION			BUSINESS OR
rs ofter by the f	13	B	altimore City	South Ball move	-	1 Hospital	Tailor	Hou			Domestic
in be	· ·	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)					. (_)	romesiace
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ithin tely f 2 sho	-		THER'S NAME			15. MOTHER'S MAIDEN NA		Kigh	ARC		1000
ed will be a wil				MIDDLE LAST		FIRST ALL	enta MIDDLE		LaFo	ntai	ina
- 0		16a V	VAS DECEASED EVER IN U.S. AR			17. INFORMANT	ADDR	ESS	MJ	2161	((
e executed and a second and a second and a second a secon	5	()		E WAR OR DATES) 214-01-	01750	1. h. R D	2 2 2 2	1, 6	ill.	2100)()
ا نبق هـ	v /		NO			John Boss R	t. 2 Dox 2;	4,).	teven		MATE INTERVAL
hysici poper			18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line for (a), (b), a D BY:	Λ	L			DE.	TWEEN O	NSET AND DEATH
ag p	2		IMMEDIAT	E CAUSE (0) Respirato	ry H	rrest					
ath cording of the				DUE TO, OR AS A CONSEQU	UENCE OF						
the dept the atten			Conditions, if any, which gave rise to immediate	(16) Hepatis	Lail	ive with Cir	rhosis				
the the	Ď		cause (a), stating the	DUE TO, OR AS A CONSEQU		1.					
that that a by lease lease	5		underlying cause last.	(c) Viral He	patiti	and Hickory	1 House	Heal			
p d d		7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION	GIVEN IN P	ART Ita	
en si		101	Pour nutrili								
low re		ICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC		N WAS PERFORMED	20e AUTOPSY?		YES, WERE TIFYING C		GS USED OF DEATH?
The la ician. te has nsit per	7	CERTIFICATION	1125/85	Intravenous Ac	cess		YES NO		YES 🗌		NO 🗌
ZYOUT	0 /		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 1	8 PART I OR P	ART 2)	
SICIAI g ph certificial-tr	14	MEDICAL	THE EITHER NOTHY MEDICAL EXAMINER		19	the state of					
HYY and in direction of the burner of the bu		EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY	FARA FICA	211 LOCATION STREET	CITY OR 10	OWN	COU	NTY	STATE
off of the state o	A P	2	AT WORK NOT WHILE AT WORK		^		Δ	. 1			
A A A	e e		220 I certify that (1) (Nus haspe	tal) attended the deceased from		n 14 19 8	, to	552	. 19_		hat (I) we last
Pot	7	4	saw the decensed plive on above, (IC(we) (and Tolid no	1) view the body after death.	818 .0	nd that in Imp (for pinion	death accorded on the o	late and h	aur and fro	am the c	auses stated
OR AT or hosp DIRECT	E		27h SIGNATURE	-	1 100	DEGREE	0.000	- 100	224	DATE 5	SONED/
y the P RAL DIR detoch fore De			Allen	m mn		ATTENDING PHYSICIAN [MEDICAL STA	CIAND	/	21	2/85
HOSPITAL THOSPITAL THOSPITAL FUNERAL Hobe dett	4 1		THE PHYSICIANS NAME ATTE	- Krimin		The ADDRESS	/	1	. 0	1	1
0 0 0 0 0	5 /		Hlan	Dennis -		3001 5.	Harrow	57	1 150	ets	
show show	2		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION				
BP	124		SPECHY) Burial	-1010.		Park (emetery	Baltimon	o Ci	tu COUNT	anul	land
	00	24 Ft	JNERAL DIRECTOR				TE REC'D. BY PEGISTRAF	25b. RE 01	STRARSS	IGNATI	JRE .
DHMH - 16 50M 4/1 (VRA 15, 4)	83	MX	ully Funeral H	Baltongress	tansco	2/22) 100	1 1900				
		. 14	were i weller. 11	01100 6)/ (0)/4	LUDACE	LIVE.					



Cauc. G. ... 1955 .4 915 U.S. 1. ary land Carpentry has Pierro co. J. - -Baltimore x 1211 Jouliu St. Balto., Md. 2128 'arylard rimerty, 3r. no.co Ceorge 1211 Jordin Street 210-90-3743 Mrs. Helen Finnercy - Baito., Ed. 21224 St. Burial 2/5/85 C. awa Baltimore, Md.

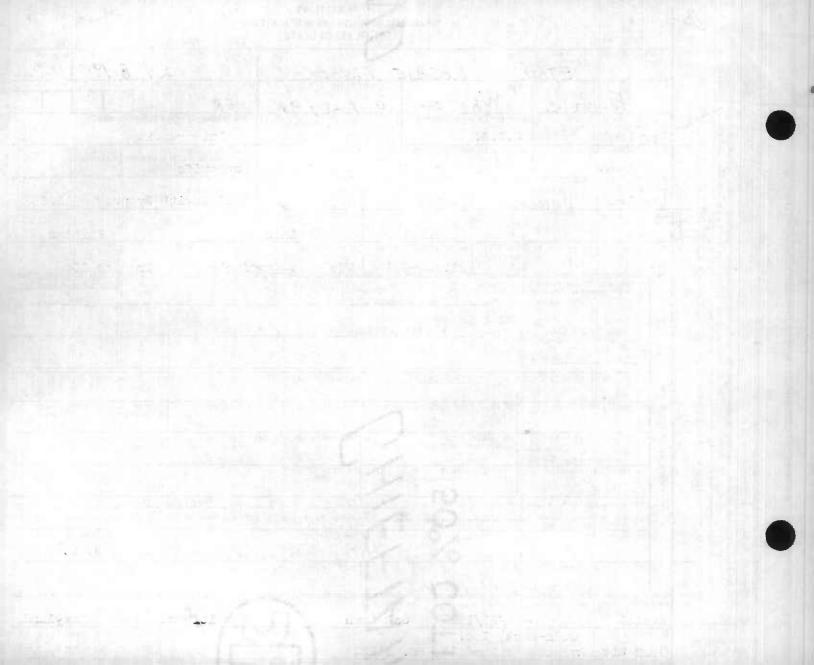
Walter Dabrowski - 1005 Dundalk Avc. 21224

Dundalk, MD. 21222

(VRA 15, 4)

7922 Wise Avenue

Killy Dudger



filled in by the funeral direct ould be filed within 72 hours

completely f

the attending physician and c remove carbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanapets with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

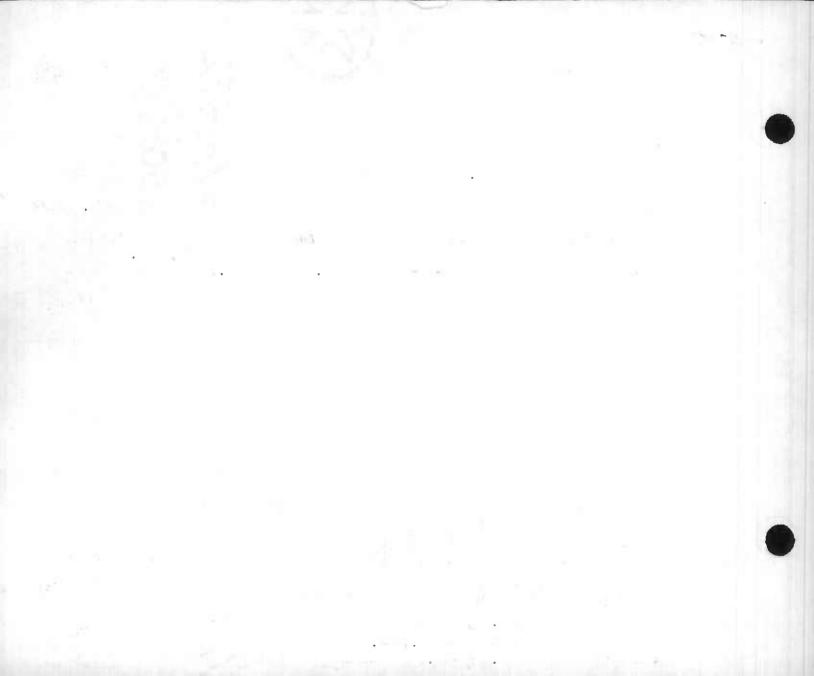
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
1. DECEASED NAM (TYPE OR PRINT)	C.,	WIDDIE	1	AST	2a. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
	Jelm	110111	[]	Sher	1.05	0 1	7 85	144
3. SEX Fema	le	White	S. DATE O		6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS A
70 BIRTHPLACE (TATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
NEW YOR	K	USA	WIDOWE	D DNORCED	BALTIMO	DRE CI	TTY	
BALTIMO		11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI ST . AGNES	RSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATE 1TYPE OF WORK FOR MOST OF NONE	NC	126 KIND C	ONE
USUAL RESIDENCE 130. STATE MARYLAN	13b. COUP	OTHER INSTITUTION GIVE RESIDENCE BE NTY 136. CITY OR TO BALTIN	OWN	136 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 5135 FRI			#2122
14 FATHER'S NAMI FIRST SA	MUEL	FISHER		15. MOTHER'S MAIDEN NA JEANNET	PE MIDDLE		UNKNO	
160 WAS DECEASE (YES NO OR UNKN)		MED FORCES? 166. SOCIAL SE VE WAR OR DATES) 089-22		17. INFORMANT P. 131 E. REDWO	AUL CORDISH,			n2
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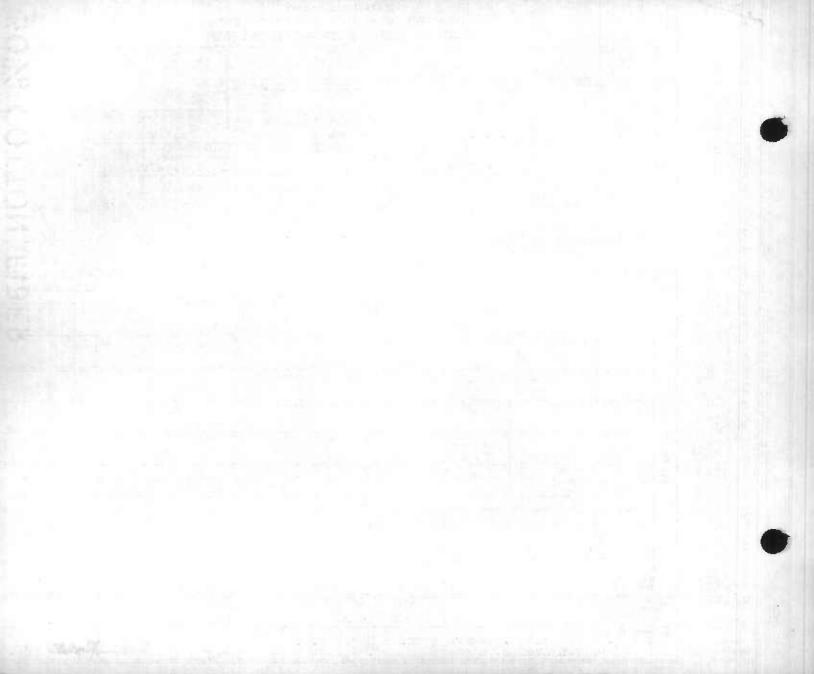
DHMH - 16 50M 4/83 (VRA 15, 4)

BALTO., 6010 REISTERSTOWN RD. MD 21215 FEB 20 1985 June Neurdson-Randale

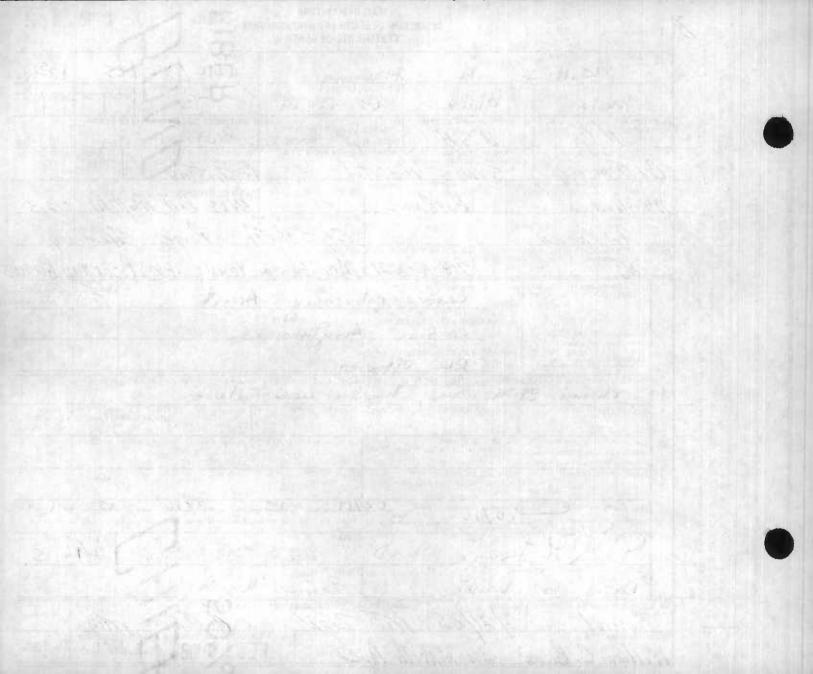


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		STATE REGISTRAR			MED	DICAL	EXAMIN	IER'S	CERTIFIC	CATEC	F DEA	TH	REG.	NO.			
T.		EASED NAME OR PRINT)	FIRST	TIM.		MIDDLE	70		LAST			OF	KNOWN ESTI- MATED		2-15	YEAR 19 85	26. HOUR
3.	SEX	- 4	MARGAR:		E OF BIRTH	RANC	6. AGE (INY			IF UNDER		2c. DATE		MONT		* *	2d. HOUF 2:23
	Fe	male	White		ch 10,		70	RS. MON	HS DAYS	Hours	MIN	PRONOUN DEAD			2-16	19 85	2:23 p. M
7	FOR	RTHPLACE (STA	TE OR		ZEN OF WH	IAT COUN	TRY?		IED NE		IED X	9. BALTIM		_		DEATH	13.33
I	0. CI	ryland YORTOWNO lltimore		II NA	S.A. ME OF HOSE IOT IN SUCH FACE R18 FA	PITAL, NU	RSING HOM STREET ADDRESS)	E, OR OTI		DIVORC	120 USU	ALOCCUP NOST OF WOR	KING LIFE)	TYPE OF WO	Dr 117h K	IND OF BUDE STA	JSINESS RY Te.
30	JSUA 3a. S1	L RESIDENCE (II	FIN NURSING HOME	OR OTHER IN		RESIDENCE		ION)	13d, INSIDE C	ITY LIMITS?	13e. STRI	EET ADDRE	SS				
Jan 1	_	THER'S NAME	No.			1 Da		E	-	ER'S MAIDI		L8 Edr		on A	venu		1229
1	lán W	John	EVER IN U.S. AR		seph		LAST Lahava		M 17. INFOR/	argar	et		Loret	ta		Tou	hey
	(YE	S, NO, OR UNKNOW	(IF YES, GIVE	E WAR OR D	ATES)		3-09-4			erine	Flah	navan	-11-5	me a	s #	13	
	N	gave rise cause (a) s lying cause	, if ony, which to immediate toting the <u>under</u> last.	e } [(c)		NSEQUENCE		E OR CONOITIO	N GIVEN IN PA	ART 1 (a)						
5	CERTIFICATION	190. DATE OF C	PERATION		196 CONDIT	ION FOR	WHICH OPE	RATION V	AS PERFOR	RMED?					20	AUTOPSY	
3		210. EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR G CAUSE OF		TIME OF HOUR A.M. P.M.		DAY YEA	R 21c. H	OW INJURY	OCCURRE	ED (ENTER)	NATURE OF IN	JURY IN ITEM	18 PART 1 O	PART 2)	YES [NO X X
	MEDICAL				PLACE C STREET, FACTO			21f. LC	CATION			CITY OR TO	WN		COUNTY		STATE
2		220. I certify deoth result <u>e</u> c ACTUAL SIGNATURE	that I took chards from: Natu	ge of the ural cause		Accident		Autopuicide^	Homi	Inspection cide	Undet	Inquiry ermined mo], DA	ATE SNED	2-19-	85
1		EXAMINER'S N (TYPE OR PRIN	T) Der		F. Sm				ADDRESS_			St.,	Balt	0.,	Md.	2120	1
1	B	urial	ON, REMOVAL	2/1	19/85	N	NAME OF CE	hedra	1			CATION OR TOWN	nore	(COUNTY	Md.	TATE
	² Le 16	HOY M. 30 Edmo	& Russe: ndson A	11 C.	. Wiotz e, Cato	ke Fi	uneral lle, M	Home d. 21	s P.A 228	25a. DATE	REC'D. BY	REGISTRA			S SIGNA		9 British



3	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAN MENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE	8 5 REG. NO.	0 4 2	42
2 22		CEASED NAME FIRST WILLIAM	MIDDLE	Flexina	2a D.	ATE OF DEATH, MO	NTH DAY YEAR	135 PM
ge 4 mg	1. SE		1 RACE Black	S PATOF BIRTH	YEAR 6. AG	E (IN YEARS LAST BIRTHD)	YRS. IF UNDER TYEAR MONTHS DAYS	HOURS MIN.
1 1/2	7a. B	IRTHPLACE (SLATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MA	ARRIED . 9 BA	Bultman	COUNTY OF DEATH	MD.
TO BE)0 C	Mimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		(TXPE	USUAL OCCUPATION OF WORK FOR MOST OF WI	12b. RIND C ORKING LIFE) INDUSTRY	OF BUSINESS OR
社社	10	THE SIDENCE (IF NURSING HOME OF	NTY 136. SITY OR TO	WN 13d. INSIDE CIT	NO 1 2/	TREET ADDRESS / Z	IP CODE Mall Rd.	21215
	1	MA KNOWN	MIDOLE LAST	Eliz	MAIDEN NAME Paheth	Paige.	Hemi	alg
		WAS DECEASED EVER IN U.S. AR (YES, NO OR BINKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 7/8-10	-0021 Mrs. (Ploria Y	OUNG 283	30 BOARM	W AV 212
o physic innoval event if		PART I. DEATH WAS CAUSE	nly one couse per line for 101, 101, 101, 101, 101, 101, 101, 101		y An	net	BETWEEN 5-1	ONSET AND DEATH
toy the attendor case remove coll of, cremation or righter traumation	1	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQ (b) Con As A DUE TO, OR AS A CONSEQ (c) RULL	a Arryti	nunces			
Agures A yeare Then pl risk burs	NOI	.61 -	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	TO THE TERMINAL OF	lure		
1 1119	RTIFICATI	19a DATE OF OPERATION		H OPERATION WAS PERFOR		S NO	Ob. IF YES, WERE FINDII N CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO
SICIAN SICIAN SICIAN Certifical C	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR		HTER NATURE OF INJURY IN	NITEM IS PART TORPART 2)	
other to de	MEDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		N	CITY OR TOWN	COUNTY	STATE
ATTENDI Majtal o MCTOR, a d for cas of freel m 21 a m	1	show the decrease abve on above 10 (will died) (died to	ttended the deceosed from	65_, and that in (my) (our) opinion death o	occurred on the dote		
TAL OR TA		H DESCRIPTIONS	0	PI	HYSICIAN 🗌 DIRE	DICAL STAFF	220 DATE	LE 85
O HOSPI		David Co.	Lange		rai the	77		
ВР		Bunial REMOVAL	2/21/85	MT. Zion			ore Mi).	STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)		UNERAL DIRECTOR	Sal 1-201 William	T. A.D.	FEB.	1 9 1985	Auha Davidson	- Pandell



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR ARGARE IF UNDER I YEAR 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED XX U.S.A. S. Carolina Baltimore City, DIVORCED T WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Francis Scott Key Medical SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13eSTREET ADDRESS / ZIP CODE 3707 Woodbine Avenue 21207 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore YES XX NOT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Fludd Edmond Fludd Classir 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Unknown M/A Susie Ferguson 3707 Woodbine Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [

STANDER DESCRIPTION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

211. LOCATION

CITY OF TOWN

COUNTY

YES T

STATE

Government opinion death accurred on the date and hour and from the causes stated DEGREE

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

230 BURIAL, CREMATION, REMOVAL

27s I certify that | Other haspital attended the deceased from tow the decreased alive on above (1) we) (did (did not) view the body after depth

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. 23d LOCATION CITY OF TOWN Arbutus.

STATE Md.

24 FUNERAL DIRECTOR

BURIAL

22b. SIGNATURE

3/1/85 Wm Cammarch F/H Inc, 1101 North Ave

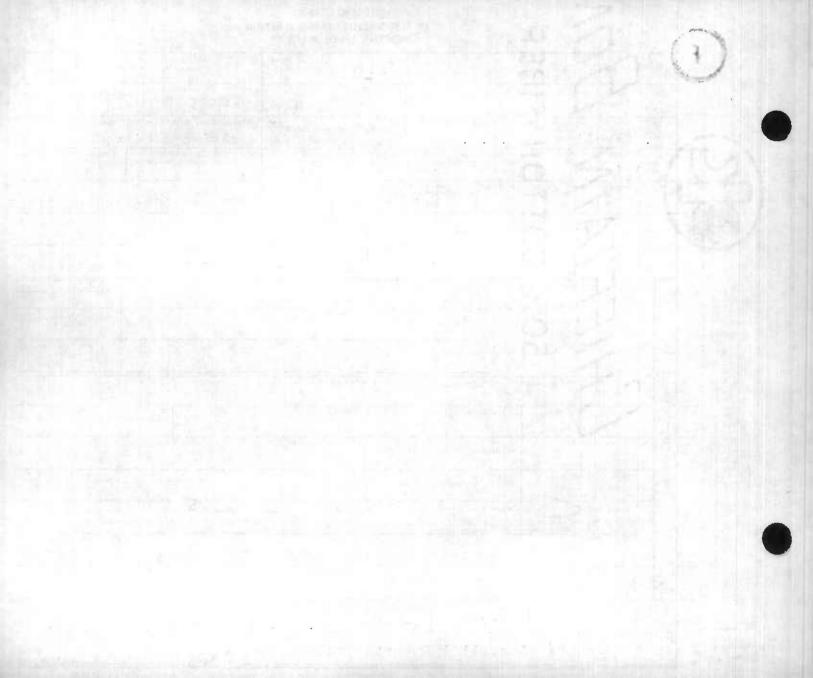
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

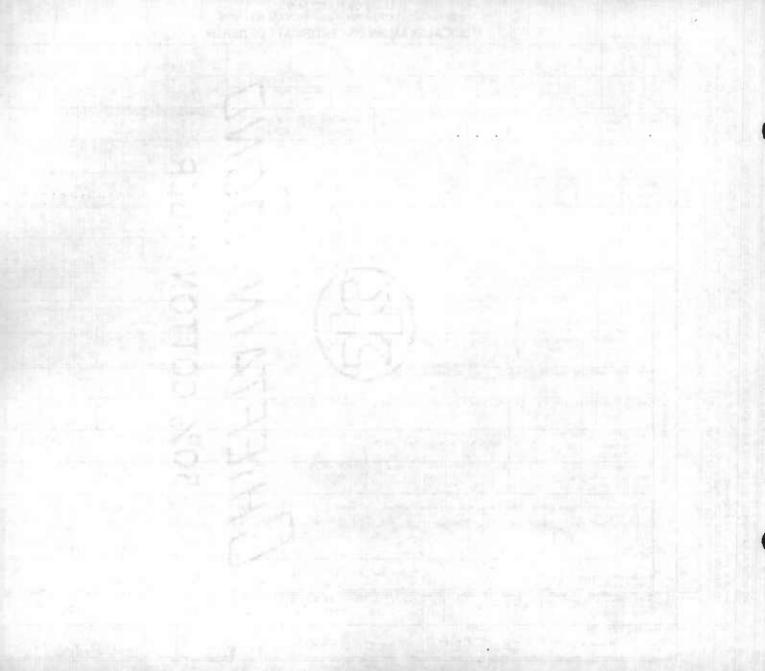
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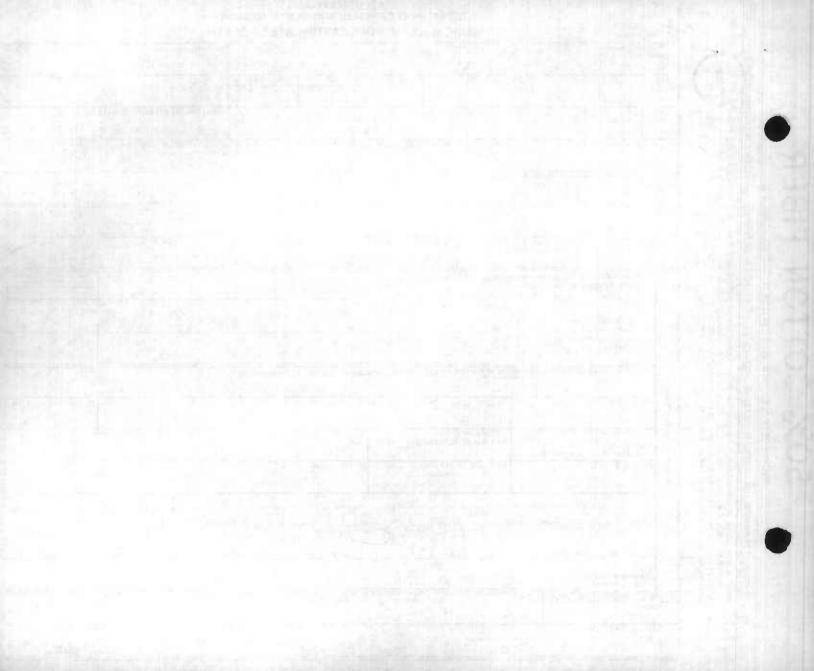
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1	1	1-	STATE					AND MENTAL	OF DEATH	0		dies 1	
1			REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	AMINER 5	ERTIFICATE	OFDEATH	REG. NO			
			E OR PRINT)	14631				LASI	OF	KNOWN X	MONTH	DAY YEAR	26. HOUR
	ASE OR. URS URS	2 - 5		CHAI		Ε.		RD		MATED		3 1985	
	30 - 5E	3 SEX		I. RACE	5 DATE OF BIRTH		GE (IN YEARS IF UN		ER 24 HRS. 2c. DAT		HINOM	DAY YEAR	24.11001
	S S S S S S S S S S S S S S S S S S S		ale	Black	12 15		O * YRS.		DEA			1985	8:16 PM
	NECESSARY UNERAL DII S FOR YOU WITHIN 7		RTHPLACE (ST.	ATE OR	76. CITIZEN OF WH		8 MARR	ED XNEVER MAR	RIED . 9. BALTI	MORE CITY OF	R COUNTY	OF DEATH	
	N N N N		. Caro		U.S.A		WIDOW		Dul	timore			MD.
	O/VOIED TE	10. CI	TY OR TOWN (OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE			ER INSTITUTION	12a USUAL OCCU	JPATION (TYPE	OF WORK	26 KIND OF B OR INDUS	SUSINESS
	PAGE FILL		altimore				cal Hospi	tal	I Sal III				
5	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 3. ROULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W PRESTON STREET		AL RESIDENCE (TATE	IF IN NURSING HOM	LE OR OTHER INSTITUTION, GIV	13c. CITY OR		13d INSIDE CITY LIMITS?	13e. STREET ADDR	RESS			211131
21201	A ME PER SE	M	arylan			Balti		YESX NO		mmings	Cou	rt 21	201
WD	, " N &	14. F/	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE	UELL	LAST	
m,			John		For	4		Mable		William Co.	F	ox	
MO	F PAGE FORM SES I A		VAS DECEASED		ARMED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS			
BALTIMORE, MD.	JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION		NO	(1.723, 0.	THE THE ON DATEO	215-1	8-3793	Minnie	Montagu	e 410	Cumm	ings	Court
			18 CAUSE OF	DEATH (Enter	anly one cause per line	far (a), (b), and	d (c).)					APPROXIMA	ATE INTERVAL
N N	N 124 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D		PARTIDE	TH WAS CAUS	IATE CAUSE (o) Ch	ronic 1	renal fai	lure					
STO	JTED WITHIN 24 XAMINER ALCI XAL TRANSIT PE AMENTAL HYGIE NO, OR REMOVE				DUE TO, OR	AS A CONSEQ							
2	WITHIN ENCIL IN WINER A TRANSIT TRANSIT OT REMO			s, if ony, while to immedia		50 T							
×	UTED WITHIN PENCIL IN PENCIL I EXAMINER IIAL - TRANS O MENTAL HON, OR READN, OR READN, OR READN IN THE INTERPRESENT OF T			toting the unde	(' '	AS A CONSEQ	UENCE OF				- FOU		
20	XECUTED VG". IN PI CAL EXAV BURIAL - AND ME		ly my caus	e 1031.	(c)			1 1111					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	VULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- FHEALTH AND ME AL, CREMATION, G		PART 2 OTHER SIG	NIFICANT CONOITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMINAL DISEAS	OR CONDITION GIVEN IN	PART Ligit				
0	A A S A S A S A S A S A S A S A S A S A	CERTIFICATION											
I R	HOULD HEFT A USED OF HE	3	19a DATE OF	OPERATION	196 CONDIT	ION FOR WHI	CH OPERATION W	AS PERFORMED?	I-X			20 AUTOPS	Υ?
VII.		E										YES 🗌	NOX
Ö	CERTIFICATE S TING THE WC DED TO THE O 3 SHOULD BE DEPARTMENT I PRIOR TO BU	O. H	210 EXTERNAL UNDERLYING		1216. TIME OF HOUR A.M.	MONTH DA	Y YEAR 21c. He	OW INJURY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM 18 P.	ART I OR PART	2)	
O	ERTIFICATION THE VED TO THE VED VED VED VED VED VED VED VED VED VE	3	CONTRIBUTION	G CAUSE O			19		The Root				
VISI	DEP SE	MEDICAL	21d. INJURY O			FINJURY (AT		CATION	CITY OR TO	OWN	COUN	NTY	STATE
۵	WER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S THE STATE DEP (ND, 21201 PR	-	AT WORK	NOT WHILE									277.10
	ATE, WATE, WATE, WATE, WATE, WATE, WATE, PAINE, PAI		22a I certify	that I took cha	orge of the remains desc	ribed above, h	eld on Autop	sy , Inspect	ian X, Inquiry	anc	d in my opir	nion	
- 12.5	AND THE WAY	100	death resulte	d fram: Na	tural couses	Accident	, Suicide	, Homicide	. Undetermined m		, -,		
	KAN LID E WIT		VANA VANA	M		1		TITLE (SPECIFY)					
	A A COUNTY		ACTUAL SIGNATURE_	111	MA	11	M		nt MEDICAL EXA	MINER	DATE	2-24-	-85
	AORA SET TET TET TET TET TET TET TET TET TET		EXAMINER'S N	/ V	0 -0	7						04004	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PI AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRIN	T) \ A.	nn M. Dixon	, M.D.		ADDRESS 111	Penn St.,	Balto.	, Md.	21201	-
	509559	23a.B	RIAL, CREMAT	ION, REMOVAL	3/1/85		E OF CEMETERY C		23d. LOCATION		COUNT	Y M.I	STATE
07/84 25M	BP				3/1/03	Arb	utus Me	morial E				Md.	-5-
ZOM	DHMH - 17		NAME NAME		H Inc. ADDRESS	01 5	NT 1	25a. DATE	E REC'D. BY BEGISTR.	AR 25b. REGIS	TRAR'S SIC	NATURE	14
	(VR A15 ME (5))	W	m C Ma	rcn F/	H Inc. I	LUIE	North A	venue	25 1005	Fr Mu	de servel	fanda M	



Items 18-22a 4/8/85 mtb F#602STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 4 2 4 5
1 - STATE	
T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOW	G. NO. /N MONTH DAY YEAR 126 HOUR
(TYPE OR PRINT) Elsie Ford OF ESTI	XX 2-12 19 85
3 SEX 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOLLR
Female Black 1 24 39 46 YRS. Female Black Temple Black 1 24 39 46 YRS.	2-13 1985 D. M
76 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	ITY OR COUNTY OF DEATH
Manual and II C A Windowsh C Daltimo	re City.
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK 126 KIND OF BUSINESS
- ME O WALL RESIDENCE (IF IN NORSHIP HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	2:2//
136. STATE 136. STATE 137. COUNTY 136. STATE 137. CITY OR TOWN Baltimore 130. INSIDE (ITY LIMITS? IS STREET ADDRESS YES) NO 1502 N. S	mallwood St.#17
9 - NOT A FATHER'S NAME IS. MOTHER'S NAME	
Hilton Ford Ruth	Harris.
THE TOTAL SECURITY NO. 17. INFORMANT ADE (15. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DAIES)	PRESS
NO LIST CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	N. Smallwood St.
NO 217-38-0903 Florine Ford 1.502	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY: Coronary artery thrombosis	BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY: COTONARY ATTEMPTOR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. PARTIDEATH WAS CAUSED BY: COTONARY ATTEMPTOR DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gave rise to immediate (b)	
Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Due TO, OR AS A CONSEQUENCE OF Due TO, OR AS A CONSEQUENCE OF Due TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Conditions, if any, which gave rise to immediate cause (b) Due TO, OR AS A CONSEQUENCE OF	
& ii) 4 U . = \$	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THE OPERATION WAS PERFORMED?)	20 AUTOPSY?
178. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES KIK NO
216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 1216 HOW INJURY OCCURRED LENTER NATURE OF INJURY INTO HOUR A.M. MONTH DAY YEAR	EM 18 PART T OR PART 2)
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN THE INJURY OCCURRED LENTER NATURE OCCURRED LENTER NATURE OF INJURY IN THE INJURY OCCURRED LENTER NAT	
VINDERTING CAUSE OF DEATH P.M. 19 CONTRIBUTING CAUSE OF DEATH P.M. 19 CONTRIBUTING CAUSE OF DEATH P.M.	COUNTY STATE
T A WORK — AT WORK	
210 INJURY OCCURRED WHILE NOT WHILE AT WORK 210 I Location Street, FACTORY, FARM, ETC.) 210 INJURY (AT HOME, STREET) STREET, FACTORY, FARM, ETC.) 210 INJURY (AT HOME, STREET) STREET STREET CITY OR TOWN Inquiry Inquiry Inquiry	and in my apinian
death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
ACTUAL AC	1110
SCHATURE SIGNATURE ACTUAL MEDICAL EXAMINER	DATE SIGNED 2-14-85
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Bally Dennis F. Smyth, M.D.	to., Md. 21201
ADDRESS.	
1/\/\/\	COUNTY
07/84 BF UY/ BURKAI, 2/18/85 Mount 7 ion Cometery Lansdowne	
	, Md.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

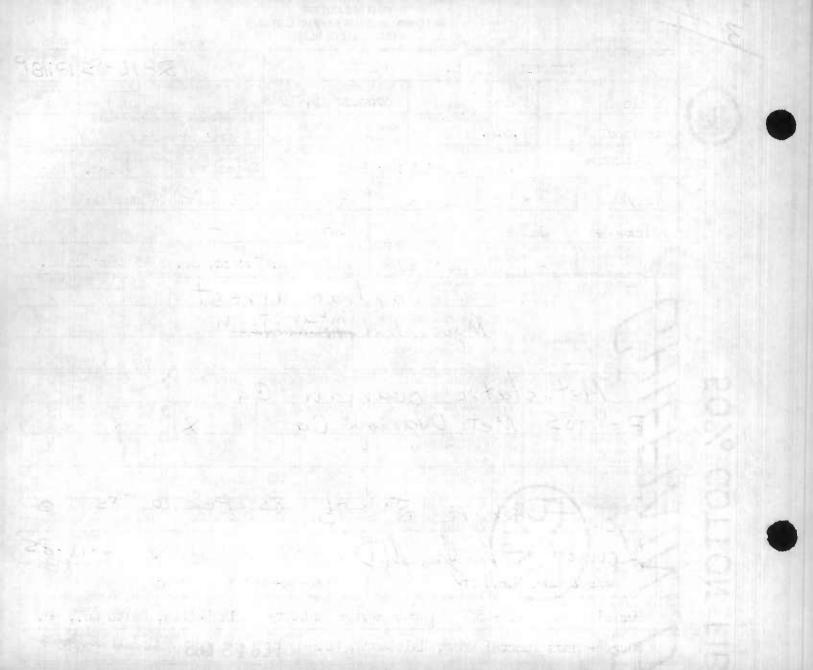
1		REGISTRAR				CERTIFI	CATE OF DEATH		REG. NO	D .			
Ì		EASED NAME	FIRST	A	MIDDLE	LA	NST	2a. DATE	OF DE ATH	MONTH	DAY YEAR	26. HOUR	C
1	Time	OR PRINT)	MILD	RED	E.	FOR	RERO			2-	10-85	12:18	M
1	3. SEX	(1127	4 RACE		S. DATE O			N YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
ı		male		White		Nove	mber 13, 190	03 81		YRS.	DATE.	HOURS MIN.	
ı		RTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNT	TY OF DEATH		П
ģ	Ma	ryland		U.S.A.		WIDOWE			ltimore	e Cif	ty	M	D.
1		TY OR TOWN OF D	EATH		HOSPITAL, NU		ROTHER INSTITUTION		LOCCUPATION		126. KIND (OF BUSINESS OF	?
		Baltimore		Union	Memori	al Hosp	ital	Sale	slady	T WORKING	Dept.	Store	
-	USUA 13a. S	AL RESIDENCE IF NO	136 COUP		GIVE RESIDENCE B		134 INSIDE CITY LIMITS?	13e STREET	ADDRESS /	ZIP CO	DF		П
2	M	Maryland			Baltim		YESX NO		Roland	1 Ave	enue 212	.11	
	14. FA	THER'S NAME		WIDDLE	LAST	40000	15 MOTHER'S MAIDEN N	NAME	MIDDLE		Į.A.	SI	
	F	Alexander	J	ames			Carrie						
		VAS DECEASED EVE		MED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMANT		ADDRE				
ì		No	{IF 125, GIV	VE WAR OR DATES	220 12	2 8598	Richard S.	. Forer	o, Jr.	. 374	5 Keswi	ck Rd.	
1		18 CAUSE OF DEA			line for (o), (b	, and (c)	1		1	14 14	APPRO) BETWEEN	XMATE INTERVAL	
	-	PART I. DE ATH		D BY: TE CAUSE (o)		Car	diac a	rre	ST	100			
	ш	100		DUE TO. O	R AS A CONSE	QUENCE OF	infavo	etini	1				
	3	Conditions, if or		((b)	MUDG	0 -	Jacob of Contract	AAAA	1				
ı	-	gave rise to in couse (a), sto	ting the	DUE TO, OF	RASUCONSE	OUENCE OF							
		underlying cou	se lost	(c)									_
	7	PART 2 OTHER 61	GNIFICANT	CONDITIONS CO	DITRIBUTING	TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEA	ASE OR CONE	DITION G	GIVEN IN PART 1	0	
	TIO	10	e14	STat	ic	Ova	rian	Ca					
)	ICA	190 DATE OF OPER	ATION	19b. CONDI	TION FOR WH		WAS PERFORMED	200 AU	TOPSY?		ES, WERE FINDI		
1	CERTIFICATION	04-0	-0->	Me	1.0	varia		YES [NO		YES [NO 🗌	
		OR CONTRIBUTING	- he	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCU	URKED (ENTER	NATURE OF INJUR	IY IN ITEM 18	8 PART LORPART 2)		
	MEDICAL	LIFEITHER NOTIFY ME				19	ALL LOCATION						
	MED	214. INJURY OCCU		21s. PLACE (OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT V	VORK			-10010	37	70 5	-010	10	. 92		_
		22a I certify that	(I) this hosp	Feb.	e deceased from	om 75 on	d that in (my) (our) opinio	on death occur	red on the do	ate and h	our and from the	that (1) we los	it
	200	77b,5IC,AATURE	(did) (did no	or view the body	after death,		DEGREE	on deally becor	rea on the ac	ne ond ne		SIGNED	_
	4	7/ 000		Foods	A.	1/17	ATTENDING	MEDICA	L STAF			10-85	>
-		THE HYSICIAN'S	NAME ATTE	SHIPPING W	ays.	, my	22e ADDRESS	DIRECTO	R PHYSIC	IAN			-
		Henr	YLFook	s, Jr.,	MB		Union Me	emorial	Hospi	tal			
	230 B	URIAL, CREMATIO	N, REMOVAL	. 23b. DATE		23c NAME OF C	EMETERY OR CREMATOR	Y 23d. LO	CATION				=
	(Burial		02-13-85	5	Druid R	idge Cemeter	y Pil	kesvil	le, F	Balto Co	., Md.	
													-

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Burgee-Henss Funeral Home, Baltimore, Md.

FEB 1 3 1985 July Davidson-Andelse



funeral director, page 3 thin 72 hours ofter death and Mental Hygiene prior ta burial, cremation, ar removal certificate has been signed

injury, or other troumatic event, th

IMPORTANT: If hem 21 is marked ar them 18 show

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

ı	1 -	STATE REGISTRAR		DEFARIA	CERTII	ICATE OI	DEATH	REG.	NO.		
ı		CEASED NAME FIRST OR PRINT) AR		ET.		ste	2	20. DATE OF DEATH		4 85	2.55 M
ı	3 SEX	(4 RACE		S. DATE			6 AGE (IN YEARS LAST	BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1		Female	Black		MONT 8	14 DAY	03	81	YRS	ONTHS DAYS	HOURS MIN.
1	₹a. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW	D NEVE	R MARRIED .	Balto. C	OR COUNTY	OF DEATH	MD.
1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET DVIDENT H	ADDRESS)	OR OTHER IN	STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Domestic	ATION STOF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
-	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION		ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET ADDRES		Ave.	21217
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM	WIDDIE		LAS	51
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	ADI	DRESS 3663	Wabas	sh Ave.
		nkn.	t man on Dates,	219-38-9	983	Ms.	Shirley	Reason	Balto.,	Md.	
	NOI	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT ((c)	R AS A CONSEQUE	hy	O Y O	L to the TERM	, INAL DISEASE OR CO	DNDITION GIVE	N IN PART 1	a.
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO)N WAS PER	FORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
1	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ALE	DE INJURY M. MONTH DA M.	YEAR			RED (ENTER NATURE OF I	NJURY IN ITEM 18 PAI	RT I OR PART 2)	
	MED	WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC)	211 LOCA STR		CITY OR	TOWN	COUNTY	STATE
		22a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	2-	14 10 9	_		ny) (our) opinion o	death occurred on the	dote and hour	and from the	
		22b. SIGNATURE	- Bu	radon	1	DEGREE	ATTENDING PHYSICIAN		TAFF SICIAN D	220. DATE	14 85
		224 PHYSICIAN'S NAME (TYPE O	De1	raduss	5	22e ADDR	Pro	vi den	1- H	orpid	la.
		SURIAL, CREMATION, REMOVAL	23b. DATE		AME OF	EMETERY O	R CREMATORY	23d LOCATION		COUNTY	STATE
		Removal	2/18/	85							

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

24 FUNERAL DIRECTOR

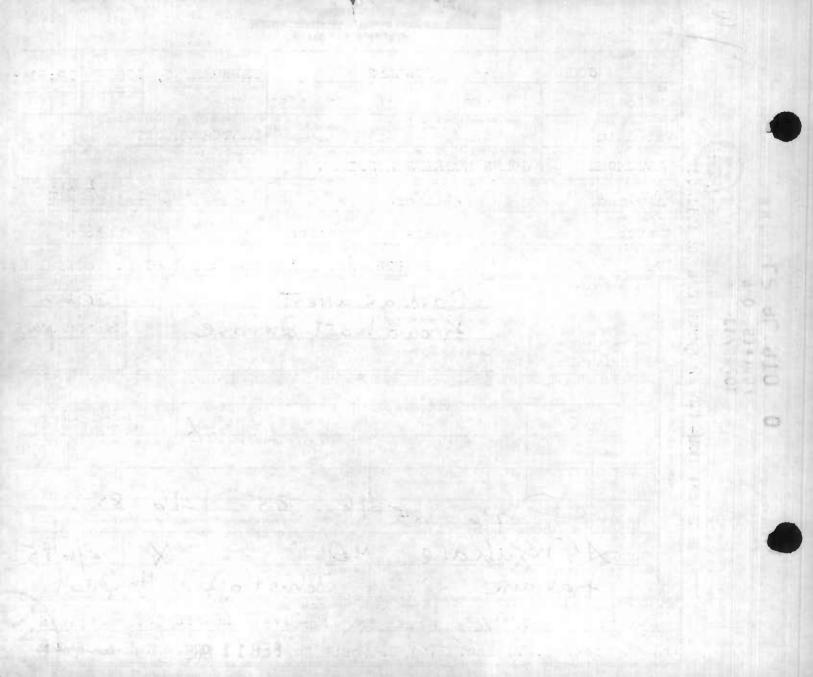
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Balto., Md.

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STATE OF MARYLAND

1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH									
I DECEASED NAME	MIDDLE	Eox	20. DATE OF DEATH MONTH	13/85 8 48							
3 SEX /1 210	Cane.	5. DATE OF BIRTH MONIH DAY YEA 10 16 2	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.							
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	BALTIMORE CITY OR COUN								
Iowa	USA	WIDOWEDE DIVORCE	□ □ Baltimore	MC							
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		(TYPE OF WORK FOR MOST OF WORKING								
Baltimore /	Johns Hopkin	s Hospital	Builder	Self Emp.							
USUAL RESIDENCE (IF NURSING TOM 130 STATE 130 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE		ITS? 13e.STREET ADDRESS / ZIP CO	DE 201457							
Maryland PG	Dist. I	Igts YESX NO [6110 Cabot	Street							
M FATHER'S NAME		15. MOTHER'S MAID	15. MOTHER'S MAIDEN NAME								

CLI V C y		1 021					
	N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.					, Maryland
YES	IIWW	577-18-3443	Karen	Hudgins	404	Lankford	d Road
18 CAUSE OF DEATH	Enter only one couse per	line for (a), (b), and (c)	, 1	1 1 1.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI. DEATH WA	AS CAUSED BY:	lehydration	Mal	hutrita	on	1	Nocks
		R ALA CONSPOUENCE OF	,	6.01	4	1	, ,0

Conditions, if ony, which gave rise to immediate cause (a), stating the

CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 200 AUTOPS IN CERTIFYING CAUSES OF DEATH? NO [

216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER

21e PLACE OF INJURY 21f LOCATION COUNTY

(AT HOME STREET, FACTORY OFFICE, FARM ETC.) tertify that (I) (this

opinion death accurred an the date and have and from the causes stated

DEGREE 220 DATE SIGNED MEDICAL ATTENDING PHYSICIAN STAFF IRECTOR PHYSICIAN

VERKOLL

73d LOCATION
CITY OR TOWN
Brentwood 230 BURIAL, MD PG

Ft Lincoln Cemetery 2/16/85 Burial 24 FUNERAL DIRECTOR Robert E Wilhelm Funeral Home

4308 Suitland Road Suitland

CERTIFICATION

MEDICAL

80

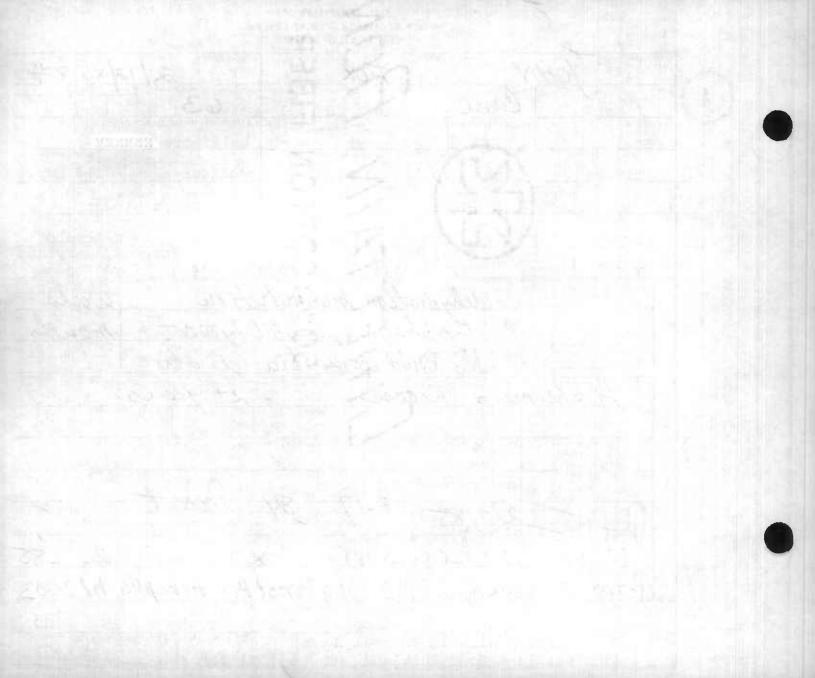
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DHMH - 16 60M 7/84 (VRA 15, 4)

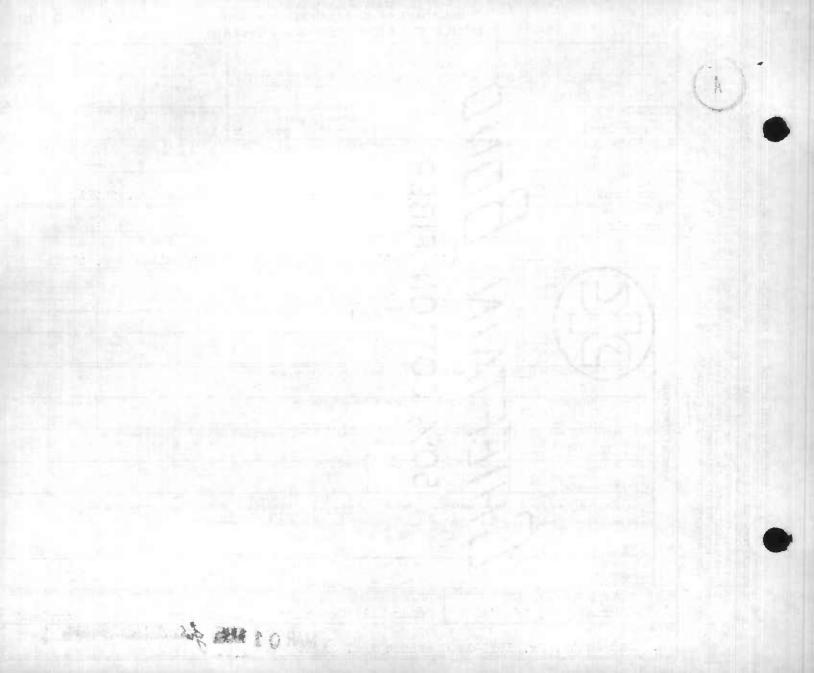
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& Arnold

STATE



		FOR 18-	-22a 4 F#602		EPARTMENT	OF HEALTH	AARYLAND I AND MENT	TAL HYGIEN	£ 5	0	4	2 5	-
-	1. DEC	REGISTRAR CEASED NAME CORPRINT)	FIRST	WED	MIDDLE XAN	MINER'S	LAST	TE OF DEA	20. DATE KNO OF ES	TI	AONTH DA		2b. HOU
	3 SEX			5 DATE OF BIRTH	YEAR LAST B	IN YEARS IF UT		JNDER 24 HRS.	DEATH MATE PRONOUNCED	M	2 22 ONTH D	AY YEAR	8:31
06	70. BI	RTHPLACE (STATE OF REIGN COUNTRY) Maryland		8 21 76. CITIZEN OF WHA USA	55 29 AT COUNTRY?	8. MARR	IED NEVER		9. BALTIMORE	_			P
41]	Baltimore	EATH	11. NAME OF HOSP (IF NOT IN SUCH FACE Union Me	morial H	ospita	HER INSTITUTION	FOR	Baltim UAL OCCUPATION MOST OF WORKING IN DEFINITION OF THE PROPERTY OF THE PRO	ON (TYPE OF	WORK 12h	KIND OF BUS OR INDUSTRY	
36	130. S	aryland	136 COUNT	OTHER INSTITUTION, GIVE Y	residence before ad 13c. CITY OR TOV Baltin	VN		10 🗆 262	EET ADDRESS 27 Miles	Ave.	212]	11	
300	F	THER'S NAME FIRST rancis /AS DECEASED EVE	D In III C A DAA	MIDDLE	France	LIBITY NO	Evels IT. INFORMAN		WIDDLE	C	unnir	1gham	
DIVISION		S, NO, OR UNKNOWN)	(IF YES, GIVE W		216-62-				e 2627 M		Ave.	21211	
ECOSEDAS DORAN-INAVISION FERMI INTOF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	NOI		immediate ng the <u>under</u> - it. ANT CONDITIONS ((c) Distributing to death bu		TERMINAL DISEAS							
BURIAL,	CERTIFICATION	19a. DATE OF OPER		196. CONDITK	ON FOR WHICH (Q AUTOPSY?	NO [
TE DEPARTM 201 PRICK TO	MEDICAL CE	UNDERLYING CONTRIBUTING ZILL INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF DI	HOUR A.M. EATH P.M. 21e PLACE OF		YEAR 211. LC	OW INJURY OC	CURRED (ENTER	CITY OR TOWN	ITEM 18 PART	OR PART 2)		STATE
E, MARYLAND, 21			t I taak charge	of the remains described at the remains descri	ribed abave, held	Suicide	Hamicide TITLE (SPEC	IFY)	Inquiry Control of the control of th		my apinia:	2-23-8	35
AFTER DEATH, WITH THE BALTIMORE, MARYLAN		EXAMINER'S NAM (TYPE OR PRINT)		M. Dixor			ADDRESS1	11 Penn	St., Ba			21201	
19	(5	JRIAL, CREMATION PECIFY) Buria		2/26/85			CEMETERY	т Ва	CATION ORTOWN 11timore		COUNTY	Maryl	
DHMH - 17 VR A15 ME (5))	100	NERAL DIRECTOR NAME Alan Se	itz. Jr	ADDRESS 3615-19	Chestnu	+ Ave	21 MAR	O 1	gille	Davidso	A-Man	NE !	

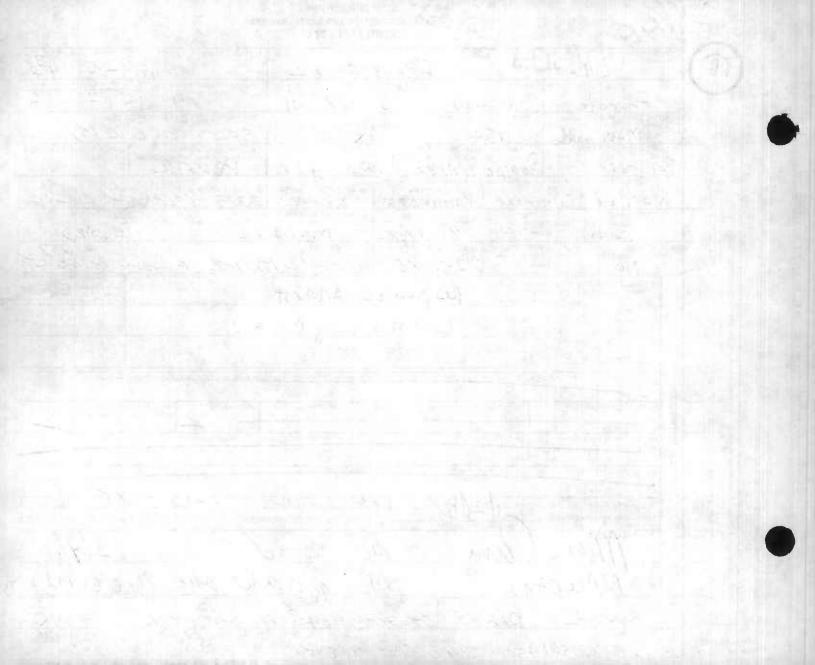


(VRA 15, 4)

STATE OF MARYLAND

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Baltimore, Maryland 2009	Siron Faring	TERM MEDICAL IS	.00

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(VRA 15, 4)

STATE OF MARYLAND

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10	1-	STATE REGISTRAR	DEPARTA		FICATE OF DEATH	REG. NO.	
~		CEASED NAME FIRST	erbert MIDDLE E.		IAST Freitas	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
25		HERB	GRT FRETT	AS		2 23 85	12:35 AM
()	SE	MALE	White	MONTE O	H DAY YEAR	G 8 YRS	MONTHS DATS HOURS MIN.
l direction			76 CITIZEN OF WHAT COUNTRY?	8 AAA PRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
L Gon 72	P	hillipines	U.S.A.	WIDOW		BALTIMORE	5 CITY MD.
by the fu		ALTIMORE	MAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHTY, GIVE STREET MBRC9 HOS			120 USUAL OCCUPATION (TYPE OR OR OF OR MOST OF WORKING L	126 KIND OF BUSINESS OR INDICSTRY Peaman
filled in	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		ADMISSION) 'N RE	13d INSIDE CITY LIMITS? YES XX NO []	710 South Fagl	ey Street 21224
ond 2 sh	14 FA	THER'S NAME FIRST A	Freitas		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
d co		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	
Pog.	· ·	(IF YES GIVE	216-18-	9721	trank (ichon	3512 Fait Aven	ue 21224
d by the attendinesse remove cork ol, cremotion, or or other troumation	11/1/	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	5/1	HTPOTENSIO	ν	
en signe Then pl or to buri	NOIT					INAL DISEASE OR CONDITION GI	
hos be	ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIC	DN WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
certificate certificate antol Hyg	N C	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
ter this os the but hond Me	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE E	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Affor use of Healt		sow the deceased glive on above (I) we) (did) did not	al) ottended the deceased from	15.	nd that in (my) (aur) apinion of	, to 2 2 3 death occurred an the date and ho	19 <u>85</u> , that (I) (we) last ur and from the causes stated
VAL DIRECTORY detoched of Dept.		Mb. SIGNATURE	M. STATA		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	212 DATE SIGNED 2 23 85
should be with the Ste		LEROY M	SCHWIDT		220 ADDRESS DBPT, O 22 JOUTH G	NEWLY ST.	3017 md 2120
P		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b BATE 0= 23c. N		wn Cemetery	Eastwood, Balt	o.Co., Md. STATE
WH - 16 60M 7/84 (VRA 15, 4)		narles S.Zeiler	& Son Inc. 901		25a. DATI	EREC'D. BY REGISTRAR 256. REGIS	TRARS SIGNATURE

STATE OF MARYLAND

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FOR

- STATE

(VRA 15, 4)

REGISTRAR

FAIR LANES CO. 13e.STREET ADDRESS / ZIP CODE 6 ROLAND MEWS, BALTO., MD. (21210) GRAFF MRS. CHARLTON FRIEDBERG 6 ROLAND MEWS APPROXIMATE INTERVAL arcinoma of the Prostate with Metastatic seldomonas, with Azotemia 10 days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE 22c DATE SIGNED 2/11/85 11 E. CHASE ST. BALTO., MD. (21202) STATE COUNTY BALTO., MD. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 6010 REISTERSTOWN RD. BALTO., MD. (21215) = Davidson

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

76 HOUR

17h KIND OF BUSINESS OR

INDUSTRY

6:25 .PM

IF UNDER 24 HPS

A North Steel Steel

FOR

- STATE

BALTIMORE CITY 12b. KIND OF BUSINESS OR INDUSTR'HOME (TYPE HOUSEWOTE EVORKING LIFE) 3929 PRETSTAFF RD. #21215 UNKARDWA 21215 BALTO., MD APPROXIMATE INTERVAL DUE TO, OFFAS A CONSEQUENCE OF 10 Cardio vasular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (my (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR | PHYSICIAN MARYLAND 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR 5 916N ATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROSES INC. DHMH - 16 50M 4/82 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

IF UNDER TYEAR

DAYS

IF UNDER 24 HRS

HOURS

HOC PARENCE AND THE . the state of the s Maria X (per manhant blood) it have to tricken and cons love Hullett bere AND THE RESERVE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH MONTH DECEASED NAME TILLIE FRIEDRICK FEBRUARY 4 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) JULY white 1901 83 female XX TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY ROMANIA WIDOWED XXX DIVORCED T USA O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR HOPKINS BALTIMORE JOHNS HOSPITAL HOUSEWIFE AT HOME UDUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION
130 STATE 1136 COUNTY GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? BALTIMORE 3601 CLARKS LA., MARYLAND APT. 405#21215 YESLIX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ABRAHAM UNKNOWN RIVKA BAKAL MRS. EVELYNDBROWN 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7202 N. 12TH AVE. PHOENIX, AZ 215-48-4308 85021 APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSE IMMEDIAT	DBY. Cardo pulmoney Arrest		15 minute
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF Shock		2 homs
couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF Acute anterior my sciroline	infuction.	4 hours
PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	rminal disease or con	IDITION GIVEN IN PART 100
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	1806 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION TIE PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE

CITY OR TOWN

22a I certify that (I) (this hospital) attended the deceased from (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

22b. SIGNATURE DEGREE 221 DATE SIGNED 2/22/85 PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OF PRINT) RUNGE

230 BURIAL, CREMATION, REMOVAL 236 DATE

22e ADDRESS 601 N. WOLFE ST. BALTO. MD. 21205

23d LOCATION

FEB. 24, 1985 ISPECIFBURIAL ANSHE EMUNAH 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

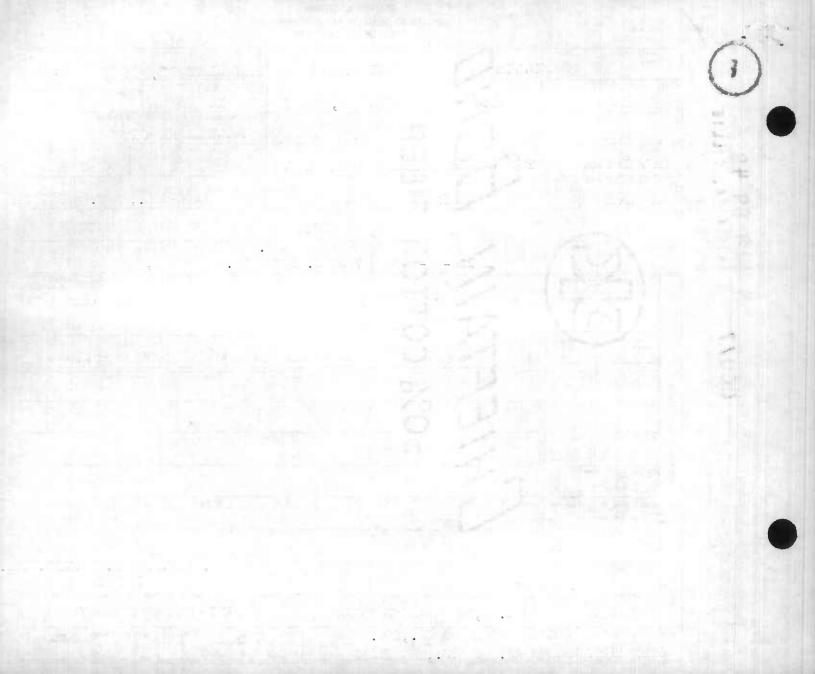
BALTIMORE COUNMARY LANDATE

6010 REISTERSTOWN RD. BALTO., MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANI



Walter Dabrowski- 1005 Dundalk Ave. 21224

STATE OF MARYLAND

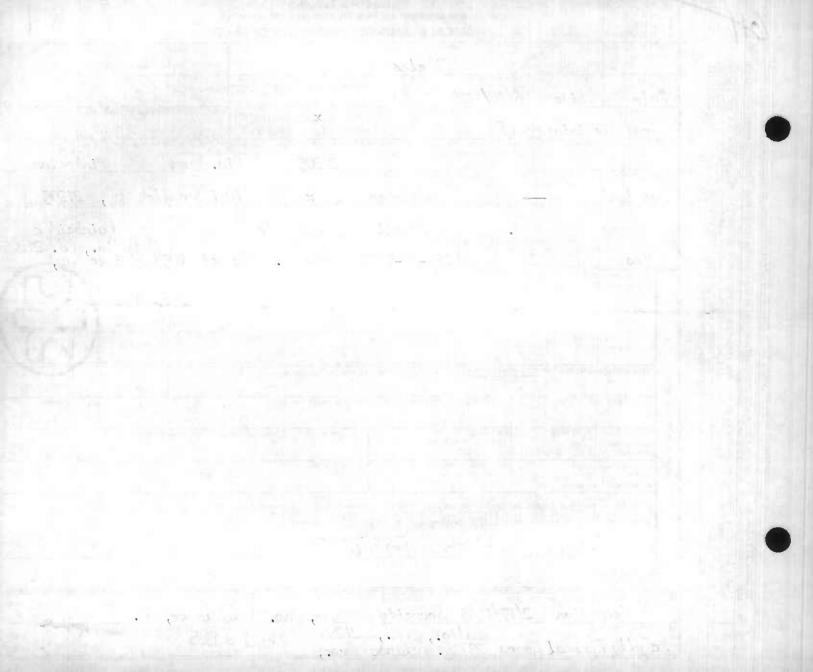
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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STATE OF MARYLAND

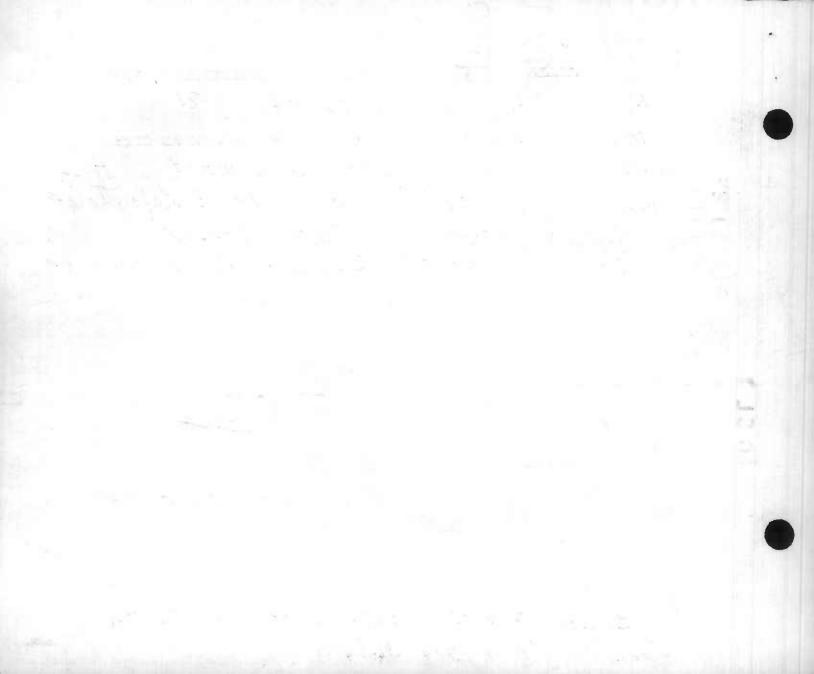
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

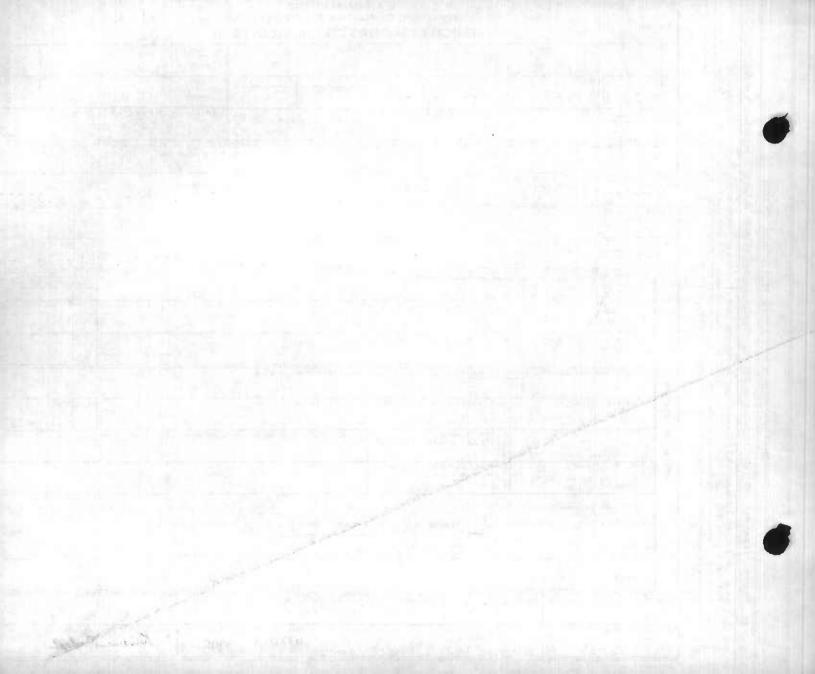
FOR

- STATE

(VRA 15, 4)



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0.00		EGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	REG. N	0.		
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3.	SEX	- (I. RACE	5. DATE OF BIRTH	6. AGE (IN		NDER 1 YR. IF UNDER	24 HRS. 2c DA	ATF	MONTH	DAY YEAR	2d HOUR
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				OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SION)	had more menumen	la arner an				
	Ma	ryland	1 T3b. COUN	IY	Baltimo	re	13d. INSIDE CITY LIMITS?	3425	St. Am	hrose	Δνα	21215
_		THER'S NAME							oc. An	101036	Ave.	2121
1		FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
1	60 \41	AS DECEASED	EVER IN U.S. ARA	MED EORCESS	166 SOCIAL SECUR	ITY NO	17 INFORMANT	7	ADDRES	-	1	Y
T'	(YE	S, NO, OR UNKNOY	VN) (IF YES, GIVE	WAR OR DATES)		III NO.						
-	U	nknowr			N/A		Mary E.	Green	3425	St. A	mbros	e Ave
T		18 CAUSE OF		ly one couse per line				4 3 4 5		SETT	APPROXIMATE BETWEEN ONSE	T AND DEATH
		PARTIDEA	ATH WAS CAUSED	ECAUSE (a) Art	eriosclero	otic (Cardiovascu	lar Dise	ease			
			MANEDIA		AS A CONSEQUENCE							
			s, if any, which	411								
			to immediate	(b)	AS A CONSEQUENCE	OF						
		lying caus		DOL 10, OK	AS A CONSEGUENCE	. Or						
		5107 A 071170 -10		(c)								
\pm	z	PART Z UTHER SIG	NIFICANI CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)				
5	5	190. DATE OF	OPERATION	TIN CONDIT	ION FOR WHICH OP	PATIONIN	MAS REPEORMED?				AN AUTORSV	
00	FICA	THE DAIL OF	O. E.KATIOTT	176 CONDIT	OTT OK WITHCH OF	RATION Y	TASTERI ORMED!			1	20 AUTOPSY	
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		220. I certify	/		ribed above, held on	Auto	psy , Inspectio	nXIXI, Inqu	iry L. o	nd in my opin	ion	
		death resulte	d fram Natur	al couses XX	Agcident . (S	uicida	, Hamicide	Undetermined	manner			
		ACTUAL	16.	185	4. 0	1/1,	TITLE (SPECIFY)					
		ACTUAL SIGNATURE_	velle	16,00	Ali, 7016	MI	Assistar	T MEDICAL EX	AMINER	DATE SIGNED.	2-26-8	35
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		EXAMINER'S N (TYPE OR PRIN	TONI	nis F. Smy	th, M.D.		ADDRESS 111 H	Penn St.	Balto	., Md.	2120	1.
2	3a BL	RIAL, CREMAT	ION, REMOVAL 2	3/4/85	123¢ NAME OF C	EMETERY	OR CREMATORY	23d LOCATIO				
	(5)	BURIAL	,	3/4/85	Mount	Zio	n Cemeter	y Lans	downe,	COUNTY	Md.st	ATE
		NERAL DIRECT					250. DATE	REC'D. BY REGIS		ISTRAR'S SIG		
١,	T.T.	NAME C M	- 1- D/77	ADDRESS	01 7 1		MAAD	1 1985		aindam		*
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5	1	FOR - STATE REGISTRAR				ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		REG. NO.) 4 2	6 4
ige 3 deoth		DECEASED NAME YPE OR PRINT)	Webs	ter		G	aines	2a DATE OF D	EATH MONTH	22 8 3	6 AM
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by the fulled with	L 10	Balto.		NAME OF HOSPIT			HOSP.	12a USUAL OC	CUPATION OR MOST OF WORKING		PF BUSINESS OR
d 2 should be t) 13	SUAL RESIDENCE (IF MU 0. STATE Md.	RSING HOME OR OTHER	13c. CI	SIDENCE BEFORE A ITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES NO	100 N	press / zip co	ski St.	21223
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Poges medic	16	WAS DECEASED EVE	R IN U.S. ARMED I	OR DATES)	00-26-		17 INFORMANT LOURette	Hundle	ADDRESS Lane	e Veiw,	
physicial on popers. smavol.		18 CAUSE OF DEA PART I. DEATH	TH (Enter only one WAS CAUSED BY: IMMEDIATE CA		r (0), (b), and	(C1.)	Septic	shoc	la	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
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og physicic certificate riol-transit ental Hygin Item 18 sho	/ 1	OR CONTRIBUTIONS	CAUSE OF DEATH	1b. TIME OF/INJU HOUR A.M. M P.M.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY IN ITEM 1	8 PART OR PART 2)	
attending the this as the but the ond M	To John Street	21d. INJURY OCCU	WHILE	Ie. PLACE OF INJ AT HOME, STREET, FAC		RM ETC)	211. LOCATION STREET	(LITY OR TOWN	COUNTY	STATE
CTOR A I to use of Health		220 I certify that saw the decer above, (I) (we)		2/22/	19 7	2 2 1, on	d that in (my) (our) opinion	death accurred a	on the date and h		that (I) (we) last causes stated
AL DIRE detoched ote Dept IT, if hen		776 SIGNATURE	OMPO	100	Ch	Kali	HEGREE LA TENDING	MEDICAL DIRECTOR [STAFF PHYSICIAN D	77r. DATE	SIGNED
WATAN TANA		ALAJTH	A A	WAT AK	012	110	THE ADDRESS SE	CUNITA	Min	And	ETTALLA

23r NAME OF CEMETERY OR CHEMATORY

Mt.Auburn Cem.

DHMH - 16 50M 4/83 (VRA 15, 4)

Charles A. Rice FSPA 1300 Eutaw Pl.

3-2-85

336 BURIAL CREMATION REMOVAL

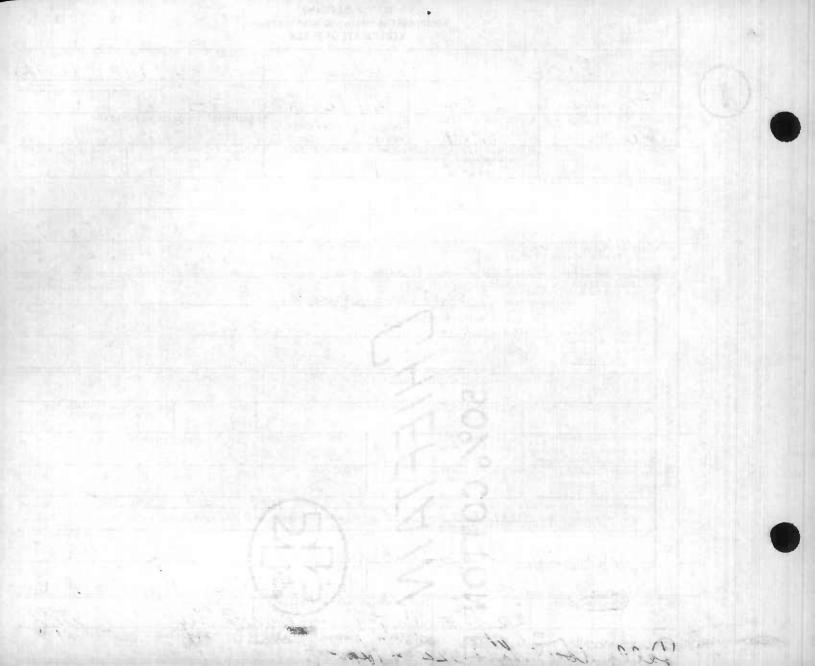
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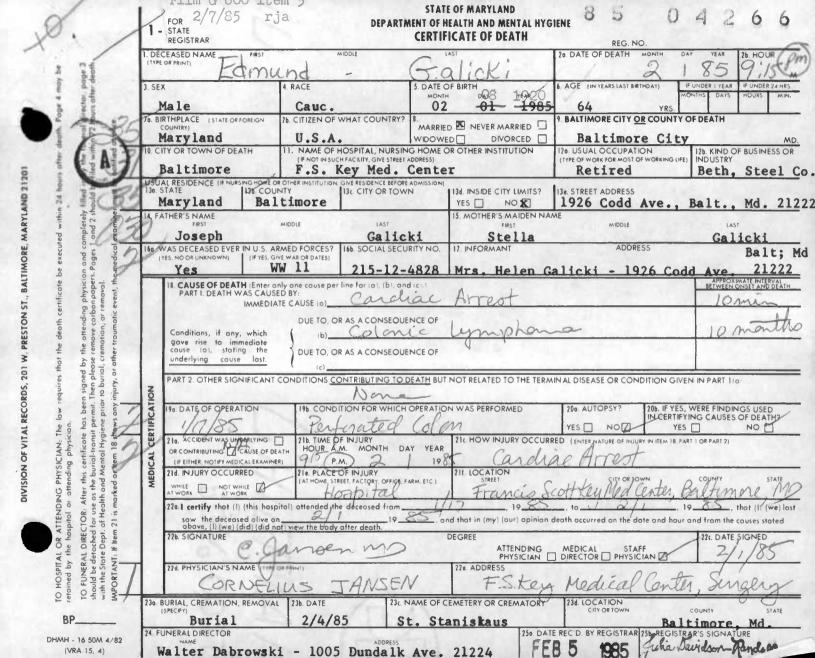
Z34 LOCATION COTE DE TOWN

Julia Dandon Handelle

and the second second

		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 4 2 6 5
A SELS	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
20	1. DEG	CEASED NAME PRINTS	MIDDLE LAST 20. DATE OF DEATH MONTH, DAY, YEAR 26. HOUR 2 Galera 2/1/85/2:51A
(1)	3. SE	Female	4. RACE S. DATE OF BIRTH SEAR STATE OF BIRTH SEAR STATE OF STATE O
1 0 1 0 7 0 7 0 7 0 1 7 0 1 7 0 1 7 0 1 7 0 1 7 0 1 7 0 1 7 0 1 1 1 1	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
offer de la company de la comp	10. CI	TY OR TOWN OF DEATH	MIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL-OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIVE) INDUSTRY 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIVE) INDUSTRY
24 hours filled in h build be li	USU/ 13e. S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
d within appeals y	14 FA	THER'S NAME	ROOLE ROOLE Sud'E CRAWFORD.
Poges &		AS DECEASED EVER IN U.S. ARA	
Acote to physician poppers. morel.		IS CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	
th certi		MMEDIAT	DUE TO, OR AS A CONSEQUENCE OF
by the atte		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF
igned b hen plear benriol, qury, or a	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
the low on the low of	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
E physic of physics of	60724	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	
ortendin ortendin ortendin ortendin ortendin	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
ornel or CTOR: At 10 vers of Health			tal) attended the deceased from
At Off A to the host of Diffe detached one Dept of if hem		The Signature	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 221 DATE SIGNED 21/18
O FUNES by O FUNES by TOURS by TOURS BY THE SE OF TANKS BY THE SE OF T		Alan M. G	Mercy Hospital Balto Mel
BP	73a. I	URIAL REMATION REMOVAL	111 DATE 234 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY
HMH - 16 50M 4/82	24 EI	INERAL DIRECTOR	ADDRESS ADDRESS ADDRESS ADDRESS SIGNATURE





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ae I	10	02	. Dual.	% Le	
Maltimore City			II.5.A.	Maryland	
Retired ceth, Steel Co		Tolleg . Del 7:	M C I	Baltimore	4
1926 Codd Ave., Balt., Md. 2122	Х		Paleinore	fary land	
i pile /	SUCLIA	Galicki		Joseph	
alicki - 1926 Fodd Ave. 21222	irs. Aclen G	215-12-4526 M	II ww	2.17	
Eastimore, 16.	ISABUS	St. Stan	C8/4/5	181108	
a substitution of 200	1224	Oundelk ave. 2	wski + 1005	alter Dabra	

After this certificate has been signed by the attending physician and a easthe bunal-transit permit. Then please remove carban papers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicic should be detached for use as the burial-transit permit. Then please remove carbonpapers with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or item 18 shows any injury, or other troumatic event, this

4 may be

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO	0		
1		EASED NAME FIRST		MIDDLE	ŧ.	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUI	R
	(TYPE	OR PRINT)	Iva	P. Gal	loway		Februa	ry 8, 1985		м
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR			
7		Female	Whi	te	Octo	ber 5, 1919	65	YRS.		M IN.
A	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
7		Georgia	U.S.A		WIDOWE	D DIVORCED	Baltimore City M			MD.
	10 CT	Baltimore	11. NAME OF I	HOSPITAL, NURS HEACILITY, GIVE STRE PITTETON	ING HOME C ET ADDRESS) 1 Place	e (21211)	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIT	F WORKING LIFE) INDUST	D OF BUSINE RY	SS OR
)	13a S	RESIDENCE IF NURSING HOME TATE Maryland		I3c. CITY OR JO Baltin	WN		3119 Critt	zip code eton Place	(2121	1)
0	I4 FA	THER'S NAME FIRST	inknown	LAST		15. MOTHER'S MAIDEN NAM FIRST	ME MIDDLE UNK	nown	LAST	
		AS DECEASED EVER IN U.S.		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE			100
	(4	es, no or unknown) 115 yes.	GIVE WAR OR DATES)	247-03-	-7027	Stanley Gall	oway_3119 C	ritteton P	1 (212	11)
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, O	DUE TO, OR ASTA CONSEQUENCE OF 16) DUE TO, ORTAS ACONSEQUENCE OF 16)			CHY CARDIA (4) INAL DISEASE OR CON	7 ACHO	10	
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES		H?
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	FINJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART 1 OR PART	2)	
	MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF NOT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICI	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	5	TATE
		22a I certify that (I) (this had sow the deceased alive	on JAN	4(6) 19	85.01	nd that in (my) (our) apinion of	, to death accurred on the de	ote and hour and from		
		226. S DATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS								3-
1		M.L. PBAN	HAKM	2.M.C)	3413 E.La	MBARD	STRAZI	4021	229
		SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		TATE
		Burial	Feb 1	1, 1985	Mays C	hapel Cem	Baltim	ore Co., M	d	
	24 FL	JNERAL DIRECTOR		ADDRESS	Sec. A.	250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SHEET	FATORE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 h	
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DIVISI	HOSPITAL OR ATTENDING PHYSICIAN. The lo	The Contract of the Contract o

STATE OF MARYLAND FOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

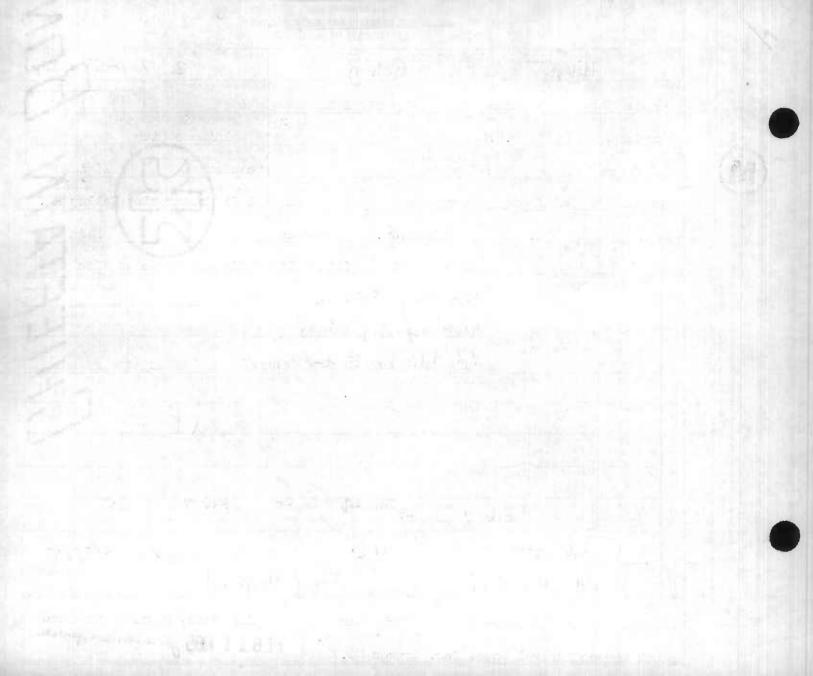
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	1	REGISTRAR			ERTIF	ICATE OF DEATH	REG. NO	0.			
		CEASED NAME SR. FIRST H	HELEN	MERCEDES	Gali	AST GALVIN	20. DATE OF DEATH	2 7	85	26 HOUR 5 35 P	» M
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9		COUNTRY)	II C			NEVER MARRIED	Baltimor				
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2	IN FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA					_
ı	J.Te	ohn	T.	Galvin	Jr.	Mercedes	WIDDLE		Sm	ith	
7	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT		17 INFORMANT	ADDRE	SS			_
	. No		IVE WAR OR DATES)	217-48-94	41	Villa Julie	Infirmary-	Same	as #13	е	
		18 CAUSE OF DEATH (Enter of	nly one couse per	line for iai, (b), and ic				MINGER	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEAT	н
		PART I. DEATH WAS CAUS	ED BY- ATE CAUSE (0)	Respiratory	T	failure					
				R AS A CONSEQUENC	E OF						7
H		Conditions, if any, which	((b)	Adult reso	- 1	ru distress					
	900	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUENC						(P)	
	-31	underlying cause last	10,0	Métastatic	br	past dise can	cer				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO		TH BUT			DITION GIVE	N IN PART 110)	=
	CERTIFICATION							,			
7	CAT	198 DATE OF OPERATION	196 COND	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		_
9	T						YES THOM	YES	ING CAUSES	NO [
7	CER	210 ACCIDENT WAS UNDERLYING [216. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM TE PAR	RT I OR PART 2)	بيا	_
		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DAY							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE	M. OF INTURY	19	211 LOCATION					
	ME	WHILE IT NOT WHILE IT		EET FACTORY, OFFICE FARM	.ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
	1.5	AT WORK AT WORK			Jax	20 10 85	in Feb 7		DIC		_
	Ť	220. I certify that (I) (this hasp saw the deceased alive o abave, (I) (wext (did) (did n	-teb	7 19 8		d that in (my) (our) apinion	, , ,			that (I) (we) lo causes stated	251
	-	22b. SIGNATU	~ /	arret deam.	1	DEGREE			22c. DATE	SIGNED	_
		(dalk)	2000		1	1D ATTENDING PHYSICIAN	MEDICAL STAF	IAN I	2/7	185	
	20	224 PHYSICIAN SHAME (TYPE	OR PRINT)			22e ADDRESS	1 1			1 0 0	_
		Donald	111. h	ai		Mercy r	tospital			2.0	
	23a B	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAA	AE OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	ETATE	
	_	urial	2-10-	85 I	lche	ester	Ilchester,				
	24 FL	JNERAL DIRECTOR		ADDRESS 10	50 Y	ork Rd. 250 DAT	E REC'D. BY REGISTRAN	25b. REGISTR	AR'S SIGNAL	Mandalle	· ·

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then plaint the State Dept. of Health and Mental Hygiene prior to buri MAPORTANT. If them 21 is marked or tem 18 secretain injury, o



- STATE

REGISTRAR

1. DECEASED NAME

ETYPE OF WORK FOR MOST OF WORKING LIFE Drugstore 13e STREET ADDRESS / ZIP CODE GEDRGE GLOW er 110 REGeorge Anderson St. Ormond Beach. Floridia MINUTES HOURS DUE TO, OR AS A CONSEQUENCE OF CLARY MESOTHELIAL CARO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) aginion death occurred on the date and have and from the causes stated 22c DATE SIGNED Volusia Memorial Park Ormond Beach, Volusia, Floridia Burial 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Marzullo Funeral Service - Laydson-Randell Reisterstown, Md. FEB 1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

IF UNDER I YEAR

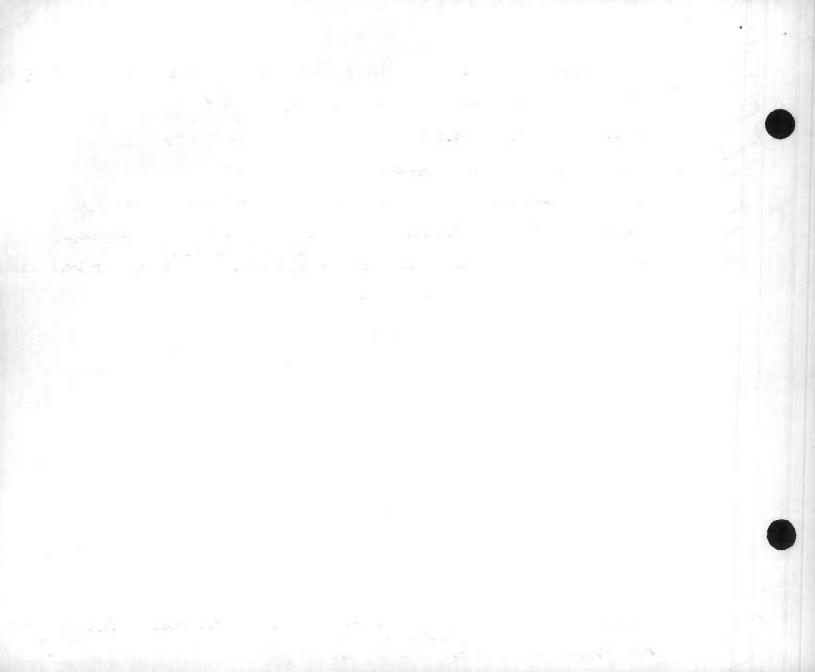
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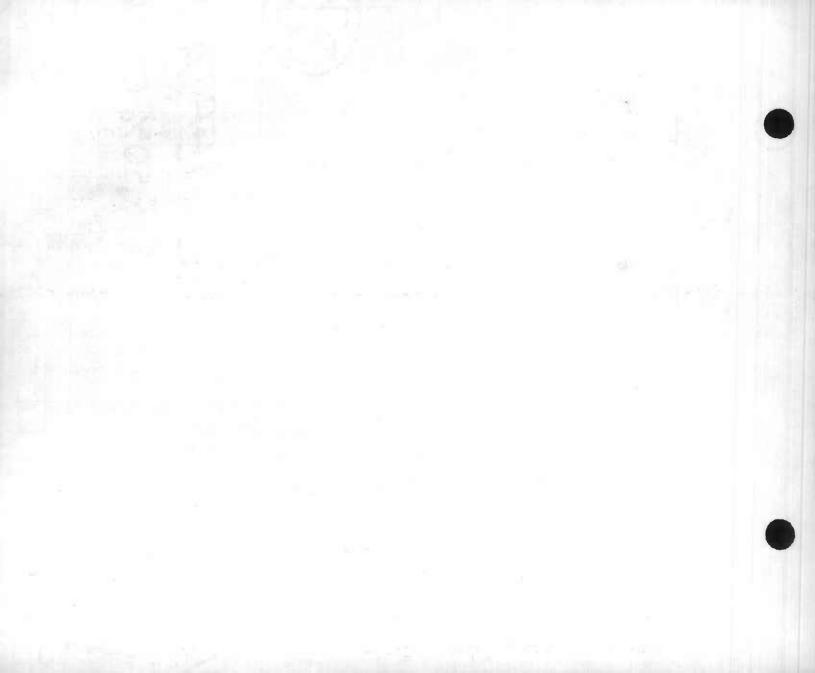
29. DATE OF DEATH

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moy be pogethered on the certage of		CEASED NAME FIRST	WRELLE	WIDDLE		GANATT	26. DATE OF DEATH	A 10	85 0 32
ge 4 moy	3. SE	X Male M	1 RACE	iner	S. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRT		DAYS HOURS M
leath. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland		WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED E	9. BALTIMORE CITY OF		imore City
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filled in roald be	13a. S		prother institution INTY lvert	13c. CITY OR TOW	N	YES NO 1	130. STREET ADDRESS Box 68		20678
ompletely and 2 s.	G	ATHER'S NAME FIRST EOTGE	MIDDLE	Gantt		15. MOTHER'S MAIDEN NAME FIRST Agnes	MIDDLE	Mur	ray
be executed in ond control of the co	1	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	Bernice Gant	t Box 68, 1	Prince F	rederick. M APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician and completely filled in by six the buriol-transit permit. Then please remove carbon papers-Pages, and 2 should be filled that mental Hygiene prior to buriol, cremation, or removal. Or she buriol-transit permit. Then please remove carbon papers-Pages, and 2 should be filled the ond Mental Hygiene prior to buriol, cremation, or removal.	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, C	CONTRIBUTING TO	NCE OF Cer el	overwally i		DITION GIVEN IN	PART Ita
The low residual.	CERTIFICATION	190 DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. 15-YES, WER CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
DING PHYSICIAN; Tor otherding physicial After this certificate se as the buriol-transition and Mental Hygim marked or them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED	EATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F.	19	216. HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJUR		OUNTY STATE
TO HOSPITAL OR ATTENDING retoined by the hospital or off TO FUNERAL DIRECTOR: After should be detached for use as the with the Store Dept. of Health or IMPORTANT; if them 21 is marken		220.1 certify that (I) (this hosp sow the deceosed alive o above, (I) (we) (did) (did not some some some some some some some some	view the bad	ly after death.		nd that in (my) (our) opinion of DEGREE -BBB - ATTENDING PHYSICIAN 220 ADDINGS	MEDICAL STAF	te and hour and	from the couses stated 22 DATE SIGNED 2/10/85
BP		Burial, cremation, remova Burial				Chr. Cemetery	St. Leonal		lvert Md
DHMH - 16 50M 4/82 (VRA 15 4)		uneral director encer E. Sewell	l Box 1	31. Prince	Fred	erick Md FEB	1 4 1985 A	ish REGISTRAR'S	SIGNATURE

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STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH ITYPE OR PRINT) ESTI-DEATH MATED Ti 19 85 Henry Garvev 6. AGE (IN YEARS | IF UNDER 1 YR 4. RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Black 1985 6/19/ 1938 46 DEAD Male 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Jamacia West Indies USA WIDOWED Baltimore City DIVORCED Assoc FOR MOST OF WORKELINHOWS TO Professor Univer 18. CITY OR TOWN OF DEATH Baltimore Johns Hopkins Hospital VAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNT STATE 6505 Eaglewing Washington M.D. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Naomi Richardson Garvey Ernest Garvey 17. INFORMANT Fort Washingtoness M.D. 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579 78 1449 Vicky P.Garvey 6505 Eaglewing Lane 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen with complications (handqun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 9:46 M. 19 84 subject was shot 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. III. LOCATION STREET, FACTORY, FARM, ETC.) 7333 New Hampshire Ave., Apt. 908, Takoma Pk., WHILE AT WORK AT WORK apartment Montgomery Co., Md. Autopsy XX 22a I certify that I took charge of the remains described attace, held an Inspection TO MEDICAL EXAMINE
EXECUT THE CERTFIC
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO
AFTER DÉATH WITH THE
BALTIMORE, MARPYLAN Hamicide X Undetermined manner death resulted fragh Natural causes Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-21-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFE Burial STATE 2/23/85 Ft. Lincoln Cemetery Brentwood, Maryland 07/84 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** . 17 716 Kennedy St, N.W. (VR A 15 ME (5)) Johnson & Jenkins Inc

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME MIDDLE MONTH DAY YEAR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1924 Black 60 Female BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pvt. Family Domestic LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ABMISSION) 13e.STREET ADDRESS / ZIP,CODE 15. MOTHER'S MAIDEN NAME MIDDLE AAIDDI F AD439 Cummings Court 21201 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Baltimore, Maryland 212-22-5639 No. Theodore R. Gaskins APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COACLROMO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES | 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (N. (this haspital) attended the deceased from Feb saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (h (we) (did) (did not) view the body after death DEGREE

ENNOTH 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 2/13/1985 23c. NAME OF CEMETERY OR CREMATORY Garrison Forest Veteran

22e ADDRESS

ATTENDING

73d LOCATION CITY OR TOWN

MEDICAL

Baltimore, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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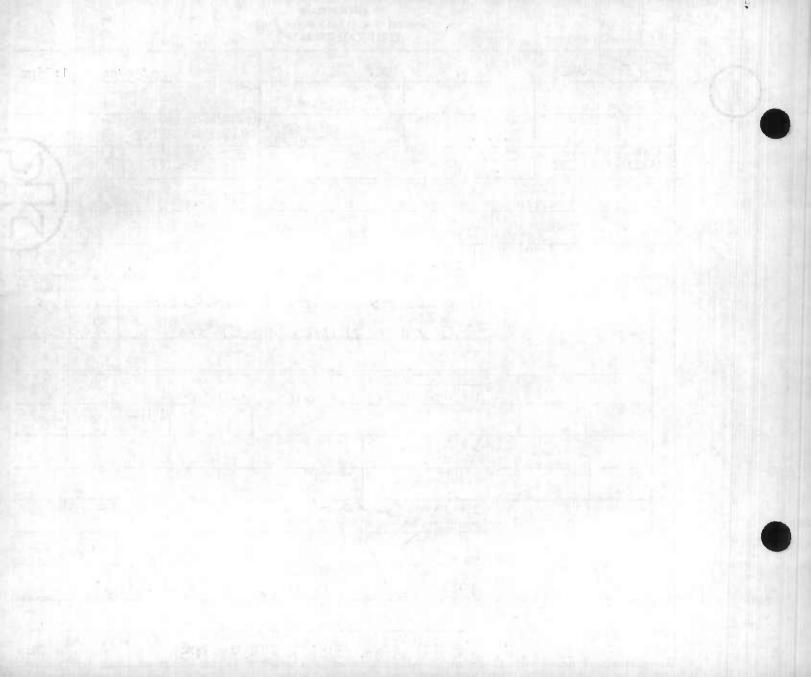
24NULE THE PRESTOSONS 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

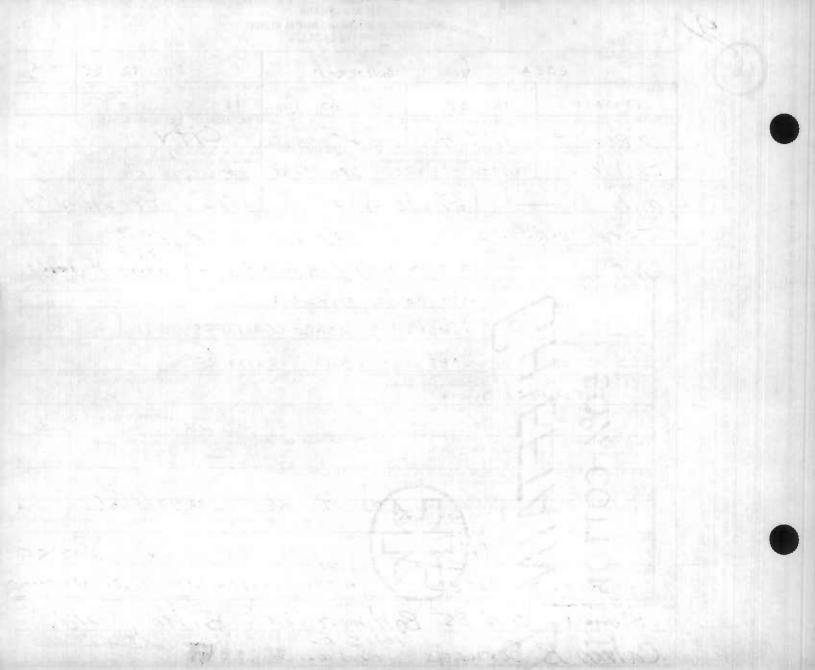
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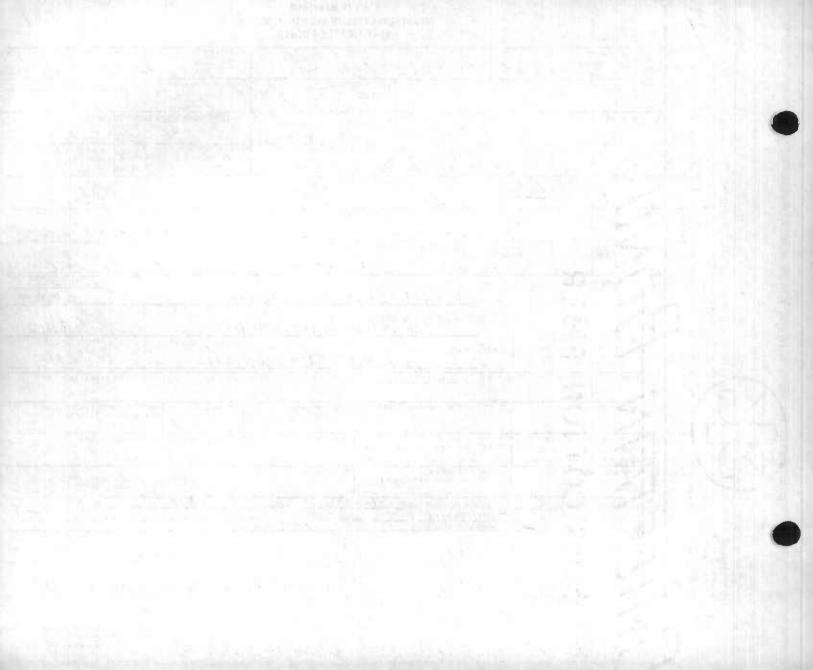
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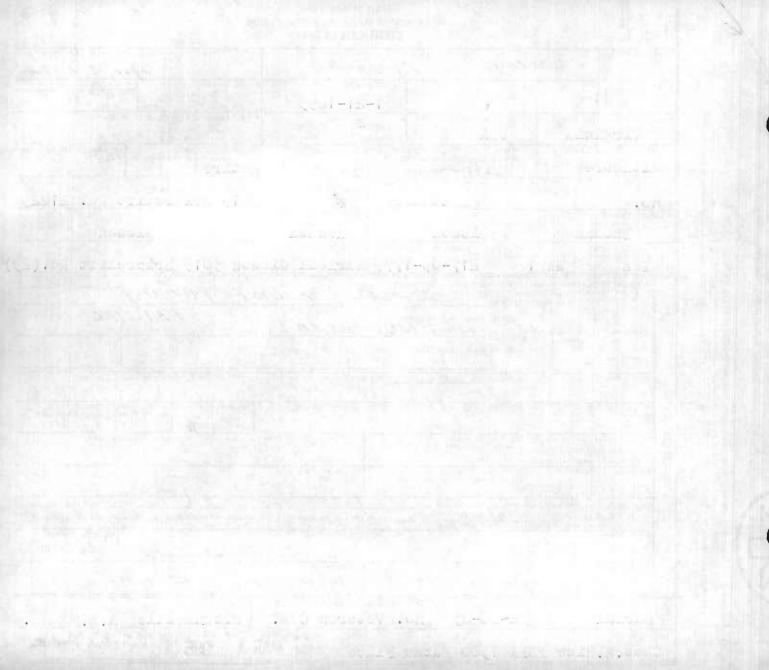
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		1	Female	White		Jul	y 20, 1904	80	YRS	THE STATE OF THE S
nerol d	24	9	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	BALTIMORE CITY O	_	ATH MD.
s ofter of by the full iled with	40		ALTIMORE CITY	(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET I SNES HOSP	ACORESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Retired-Ho	WORKING LIFE) INE	KIND OF BUSINESS OR Store Kohn Dept.
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other 2 sh	10	_	ATHER'S NAME	MIODLE	LACY		15. MOTHER'S MAIDEN NAM	ME		TENTE YOUR DES
mple ond	かん	V	David	WIOOFE	Ĝeye	r	Cecilia	WIDDLE		Schultz
n and co	medicol	160	WAS DECEASED EVER IN U.S (YES NO OR UNKNOWN) (1F YES	ARMED FORCES? GIVE WAR OR DATES?	166 SOCIAL SECU 216-09-		John Noon E	810 Michael llicott Cit	s Way y, Md.	21043
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HOSPITAL OR med by the ho FUNERAL DIRE wid be detoched to the Stote Dep	TANT: If Hem		THE SIGNATURE TO STAND THE THE	Tayle	2		DEGREE 1 O ATTENDING PHYSICIAN 1226 ADDRESS		F IAN (2)	2/5/85
TO HOSP etoined TO FUNE should be	MPORTANT		JAME	SE	AYLOR		ST. AG	VES HO	imore, Mo SPITA	1.
BP			BURIAL, CREMATION, REMOV. Burial	2/8/85	5 Ne	w Cat	emetery or crematory chedral Cemete	ry Baltimo	re	Md.
DHMH - 16 60A (VRA 15, 4		14 E	UNERAL DIRECTOR Russes 30 Edmondson	ll C. Wit	zke Fune tonsvill	ral H e, Md	omes P.A. 250 DATE	REC'D. BY REGISTRAR	25h PEGISTRAP'S	SIGNATURE.

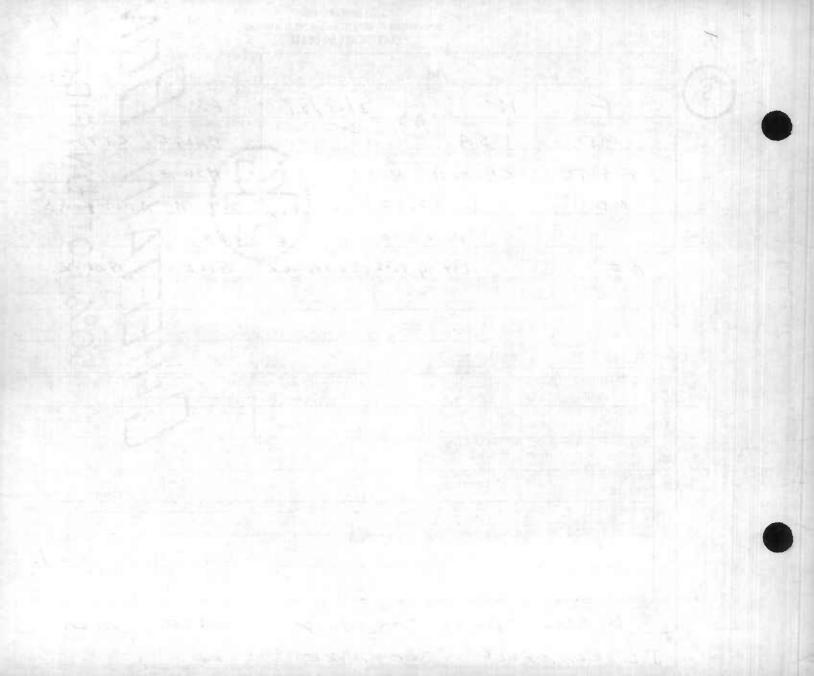


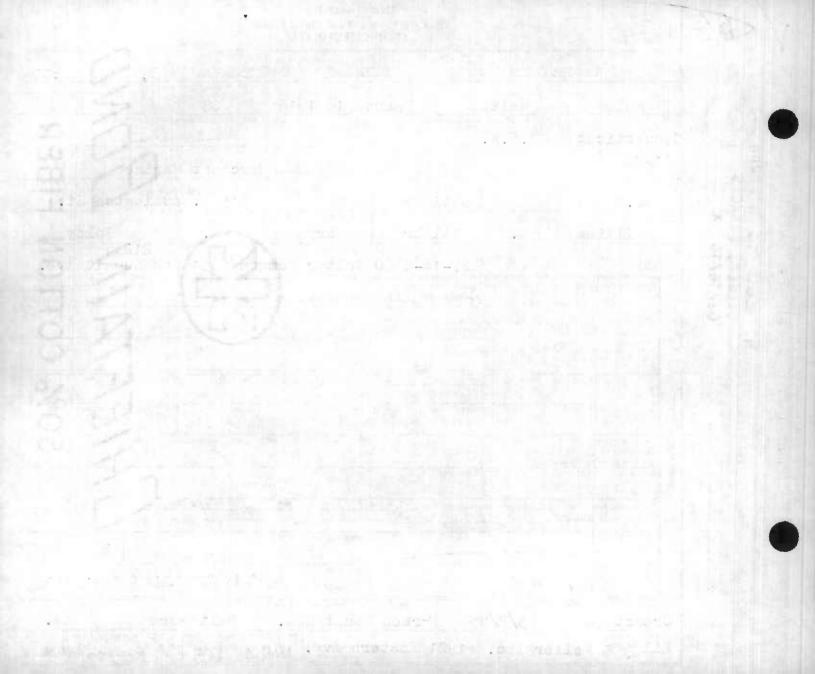






4	1 -	FOR STATE REGISTRAR	0	EPARTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE REG. NO.	0 4 2	2/9
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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(G)	3. SE	(4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONINS DAYS	IF UNDER 24 HRS
	2	5	W	MON	3/15/21	63 YR		
100	7a B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
250		MD.	VSA	WIDOW		BALTO.		MD.
動に	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, C	IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
50	USU	AL RESIDENCE (IF NURSING HOME	CHURCI		5 8	HSW AF		energy (Colored)
BL	13a.	STATE 136 CO		ORTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	JUE	1224
9	14. F/	THER'S NAME		SALTO	YES NO 15. MOTHER'S MAIDEN NA		MONTS	SAO
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05 7	FICA	190 DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	IN CEI	YES, WERE FINDI	S OF DEATH?
of	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121¢ HOW IN JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES DARILLOR PART 2)	NO 🗌
8 9		OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A.M. MON					
i He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	21e PLACE OF INJUR	19 Y	211 LOCATION			
ked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR	Y. OFFICE, FARM, ETC.)	STREET	(ITY OR TOWN	COUNTY	STATE
a a		220 1 ALE - ALE-A (I) (AL - 3Z)	₩ital) attended the decease	d from FEBR	UARY 12 1985	FEBRUARY	21985	that (tXwe) last
21 is		saw the deceased alive	on FEBRUARY	2 6 85	and that in (my) Xur) opinion	death accurred on the date and	hour and from the	couses stoted
E e	1	226 SIGNATURE	7		DEGREE		ZZc DATE	F SIGNED,
FE		d.16.1	Muly.		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2	1/2/85
STAN		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	100	22e ADDRESS	MXXCHURCH HO	SPITAL	
MPORT		L.K. PERED			100 NORTH	BROADWAY 212:	31	
1	23a. I	BURIAL, CREMATION, REMOV	. / .	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
-		DUNIAL	- 2/15/85	OAK	LAUN	BALTO,	MA	٥,
OM 7/B4	24 F	JNERAL DIRECTOR		ADDRESS	FEE	TE REC'D. BY REGISTRAR 256. REC	ISTRAR'S SIGNA	TURE
5, 4)		1.15, CONI	VELLY	300	MACETEL	0 4 4 1500	Dem langua and	





-F)	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.						8
oge 3	(TYPE	OR PRINT) HELEN	MIDDLE	GILL		ATE OF DEATH MONTH	13 85	26. HOUR 5 15 AM
rector. pr	3 SEX	EMALE	WHITE	5. DATE OF BIRTH	23	E (IN YEARS LAST BIRTHDAY) (O) YRS	MONTHS DAYS	HOURS MIN.
funeral di	1	Missoury	USA		VORCED	BALTIMOR	E	MD
by the	£	ALTIMORE AL RESIDENCE (IF NURSING HOME OF C	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET OTHER INSTITUTION GIVE RESIDENCE BEFORE	OF MARYU	two Tree	OF WORK FOR MOST OF WORKING I		BUSINESS OR
hin 24 ho should be should be	13a S	THER'S NAME	NOTEOMERY GAITHE	RSBURG YES [REET ADDRESS / ZIP COL	Gauthosia	ely ma o
complete			AED FORCES? 166 SOCIAL SECU	H M	Äkry	ADDRESS	KVÄ	TERNIK
ton and ers. Pages		TES NO OR UNKNOWN (IF YES GIVE	WAR OR DATES) 486°22	1034 Coll:	is P. Gi		em #13	AYE INITERVAL
e death certificate e ottending physic move carbon pape notion, or removal troumatic event, it		PART I. DEATH WAS CAUSED IMMEDIATE		1 1 1	na of Ru	ont Cheek		NATE INTERVAL NSET AND DEATH
		Conditions, if ony, which gove rise to immediate (1b) Hum Edenia / Adult Report Distress Synci.					30	UKS
red by the please re rial, cren		couse (a), stating the underlying couse lost	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN				3u	DKS
physician. If on hos been sign that hos been sign that hos been sign that hos been sign that how the house one injury that how one injury that how one injury that how one injury that how that how the house one injury that how the house how the hou	IFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFO		AUTOPSY? 20b. IF YE	ES, WERE FINDING	GS USED
	CERT	1/29/85 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY	Y YEAR 216. HOW IN	JURY OCCURRED (E		res	NO 🗆
S PHYSIC stranding er this the bu S and Munit ked or III	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATIC STREET	N	CITY OR TOWN	COUNTY	STATE
TTENDING pitol or o TOR: After for use as of Health 21 is mort		270.1 certify this hospital) attended the deceased from 4th Fathering, 19 85, to 13th Fathering, 19 85, that (I) (we) last sow the deceased alive on 13th Fathering 19 85, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
TAL OR A by the hos AL DIREC Setoched S		226. SIGNATURE	Posteri m	1 W. F	PHYSICIAN DIRE	DICAL STAFF ECTOR PHYSICIAN	221. DATE S	1GNED 3 · 85
C HOSPITAL efoined by the Control of the Selection of the			CORBIN, MD		ERSITY &	F MD HOS	P. BA	LT., MI
BP	-	URIAL, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 236 N	SAME OF CEMETERY OR C		St. Louis,	Missou	
DHMH - 16 60M 7/84 (VRA 15, 4)		lin L. Molesw	worth, P.A., Dai	mascus.Md.	FEBA	D. BYREGISTAR 256 REGIS	WANTED AND THE WANTED	inde 12

- BALTIMORE HISSOLIE U.S.A. EALTINIZES UNIVERSITY OF MARKOWAY STATE The bill secretary of the Colors and the CM CHARLES CHARLES THERE I As Collie D. Cill Item 13 LYDREAM Symbolic Coll from Fatel & St. Royal Greek ... 2 to man Searce The searce 124 Tr. Sand with Synamic Soul Branch The formers of the formers of the state of the 28.819 ANGELA COESTION ALO UNIVERSITY OF MICHOSP STATE MADE Murial 2/16/1985 Penurraction Come, St. Louis, Pissouri Olin J. Tolerrorth, P. A., Dansers, M.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. N	0.	4	2	8	2
E FIRST	MIDDLE IAST 20	DATE	OF DEATH	MONTH	DAY	YEAR	26 HC	DUR

- 10	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5	0 4	4 2 8 2
ال	(TYPE		irsi	WIDDLE	Lily	(ASI	2/22/85	MONTH DAY	2 4 AM
and a me	3. SE	male	4 RAG	Cauc	8	24 99	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR IF UNDER 24 HRS
1 11 35		RIHPLACE (STATE OR FORE COUNTRY) Maryland	τ	I.S.A.	MARRI		Baltimore CITY O		MD.
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filled in nould be	13s	AL RESIDENCE (IF NURSING STATE Md.	HOME OR OTHER COUNTY	13c CITY OR		13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS	ZIP CODE	00000
mpletely and 2 st	14 F/	ATHER'S NAME FIRST Unknown	WIDDLE	LAS	ı	IS MOTHER'S MAIDEN NA FIRST Unknow	MIDDLE	E his	LAST
Poges 1		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED F		-05677	Joseph Marie	ADDRE		urt 21236
es that the death certificate ned by the attending physic please remayes carbanpape used, cremation, or remayal, r, or other traumatic event, th		Conditions, if any, w gave rise to immed cause (a), stating underlying cause	CAUSED BY. MEDIATE CAU hich iote the lost.	USE (a) A HOUSE TO, OR AS A CONSTITUTE TO, OR AS A CONSTITUTE TO, OR AS A CONSTITUTE TO	SEQUENCE OF	T NOT RELATED TO THE TERM	inal Disease or con		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hos been sig t permit. Then tene prior ta b aws any injury	CERTIFICATION	190 DATE OF OPERATIO		6 CONDITION FOR W			200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN: Thending physicic rhis certificate the burial-transit and Mental Hygin ed ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 216 INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH EXAMINER)	Ib. TIME OF INJURY HOUR A.M. MONTH P.M. P.M. PLACE OF INJURY AT HOME STREET FACTORY, O	19	211 LOCATION STREET	CHY OR TO		(OUNTY STATE
R ATTENDING haspital ar att RECTOR. After thed for use as the ept at Health a tem 21 is market		22a. I certify that (1) th	is haspital) at	tended the deceased f	0	and that in (my) pur) prinion DEGREE	to Feb deoth accurred on the do		that (1) we) last and from the causes stated
HOSPITAL O		Christian's NAMI		emand Vernand	5 NE	ATTENDING PHYSICIAN 2012 ADDRESS	MEDICAL STAI		2/22/85 2014 m. 0
BP		BURIAL, CREMATION, REA BURIAL	MOVAL 236	DATE b.25,1985	23c NAME OF	CEMETERY OR CREMATORY athedral	23d. LOCATION CITY OR TOWN Baltimor		COUNTY Md. STATE
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR					E REC'D. BY REGISTRAR		R'S SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Md.

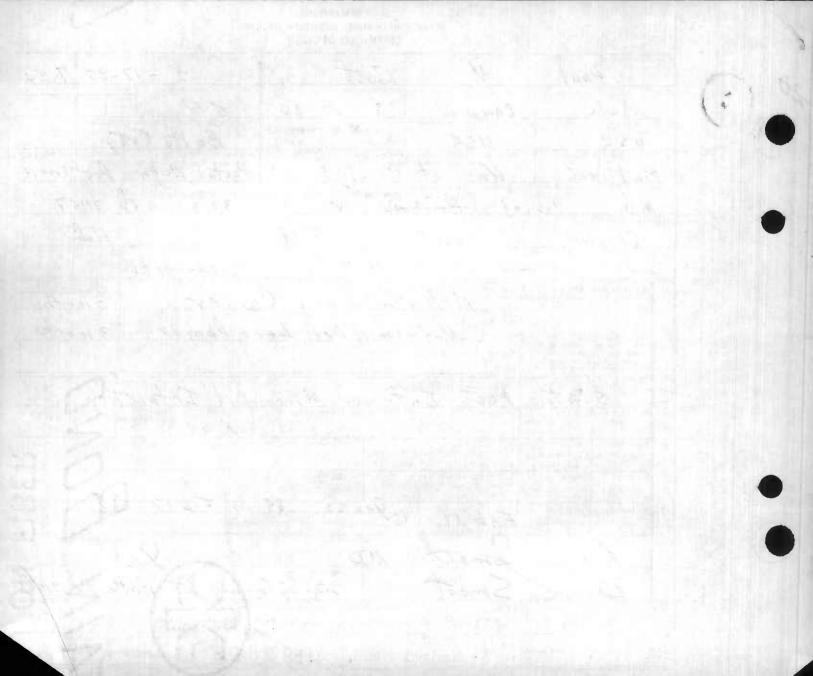
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DIVISION OF VITAL RECORDS

STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	14284
1/11	TYPE	EASED NAME FIRST	Midple	Gist	20. DATE OF DEATH MONTH 2 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 17-85 7:150 IF UNDER 1 YEAR IF UNDER 24 HR
() L	o. BIF	Male	CAUCASION STREET	S. DATE OF BIRTH MONTH TO THE PROPERTY OF TH	5 4/ YI	MONTHS DAYS HOURS MIN
None of the state		OUNTRY) IY OR TOWN OF DEATH 1	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Be To	City No KIND OF BUSINESS O
the the the	100 A	LILESIDENCE (IF NURSING HOME OR O	Unic of	Mary and READMISSION 198 TINSTDE CITY LIMITS?	Postal Mort	CODE A
	e fa	THERS NAME (6 r)	IDDLE C'LAST	YES NO 15. MOTHER'S MAIDEN N	AME MIDDLE	1 21157 Wiff
De mecul		(AS DECEASED EVER IN U.S. ARM ES. NO OR UNKNOWN) UF YES, GIVE 1948	WARDRDATES)		ADDRESS Same as,	
refricote ng physici bon poper remandi. c event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	1. / 1	Pancer	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH 3 months
that the alternal by the attenual late remove car of cremation, or cother travelation		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	-small (411 L	ing Conver	3 months
the low requires out to be been signed been signed been price to built out to built	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO Status 190 DATE OF OPERATION	Post In	DEATH BUT NOT RELATED TO THE TER TENION MYOCO HOPERATION WAS PERFORMED	andra Inta	FYES, WERE FINDINGS USED FYES, WERE FINDINGS USED FYES OF DEATH? FYES NO NO
SKIAN The physics of confliction weight has 18 sh	DICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HE LITHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED	A 18. TIME OF INJURY HOUR A.M. MONTH D P.M. 71e. PLACE OF INJURY	216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEA	M IS, PART I OR PART 2}
DING MA or offeth After this or of the to morked o	ME	while NOT WHILE AT WORK 22a 1 certify that (1) (this haspita	(AT HOME STREET FACTORY, OFFICE.		CITYORTOWN	COUNTY STATE
AL OR ATTEN The hospital AL DIRECTOR Petroshed for use the Dept. of His		saw the deceased alive an abave, (1) (we) (did) (did nat) 27b. SIGNAT (#	Feb 17 19	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	27c. DATE SIGNED
O HOSPIT TO FUNES MODIS DE SI MODIS DE SI		Duane	Smoot	270 ADDRESS 22 5. (Batto, Md. 2120
BP	1	Burial Burial	2/21/85 E	NAME OF CEMETERY OR CREMATORY Vergreen Memori	al Finksburg	Carroll /
DHMH - 16 50M 4/83 (VRA 15, 4)	RO	bent K. Pritt	412 Washin s, Sr. Westm	inster, Id FEB	ate rec'd. By registrar 256 re 2 6 1986 July Du	GISTRAR'S SIGNATURE



completely

STATE OF MARYLAND

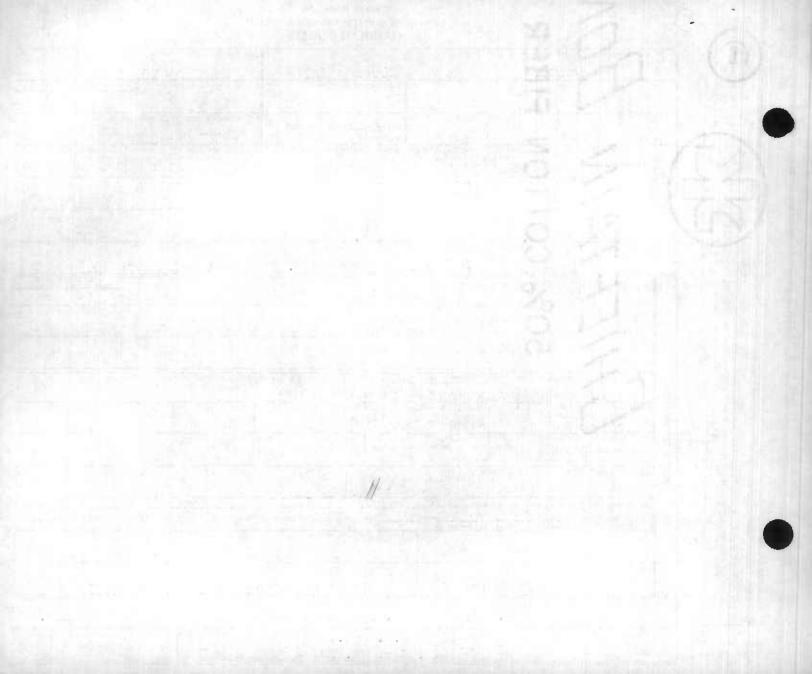
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	HEALTH AND I		REG. N	0	the state of	0 3
	CEASED NAME FIRST	MIDDI	lE .	LAST				DAY YEAR	2b. HOUR
3 SE	Martin	Jo 4. RACE		nto J	ι.	Februar 6 AGE (IN YEARS LAST BH		1985	10:52 M
3 36	^ Male	White	Jun		1941	43		NONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WH.	AT COUNTRY? 8 MARRI	ED XXVEVER A	AARRIED	9 BALTIMORE CITY C			MD.
B	ALTIMORE	VA MEDIC	PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) AL CENTER B	ALTIMORE		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O LASONARY ME	ion of working life iteria	12h KIND O	F BUS INESS OR Employed
Ma	-3	omery S	RESIDENCE BEFORE ADMISSION CITY OR TOWN ILVER Sprin	B 138 INSIDE C	NO 🗆	13119 Coll		od Terr	ace 2090
17. 57	ATHER'S NAME FIRST	MIDDLE	LAST		MAIDEN NAM	MIDDLE .		LAS	
160.3	Martin WAS DECEASED EVER IN U.S. AR	J.	Giunto,	Sr. 17 INFORMA	Marie	ADDR	ECC	Nard	ini
	YES, NO OR UNKNOWN) (IF YES GIV	/E WAR OR DATES)	94 32 2245			unto-wife-		as 13e)	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line D BY:			. D. CI	unco wiic-	Same 8		MATE INTERVAL DISET AND DEATH
	IMMEDIA	TE CAUSE (a)	0	MICSL				112	Mondy,
	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	(b)	A CONSEQUENCE OF	NUR					
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT				NAL DISEASE OR CON	IDITION GIVI	EN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION 2/19/85	1 (10 00)100	go, swallown of for which operations the swall	ONWAS PERFO		20a AUTOPSY?		, WERE FINDIN YING CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW IN	JURY OCCURR	ED FENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM ETC.)	211 LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
di	22a. I certify that X (this haspi saw the deceased alive an abave, X (we) (did) (X X X	February	eceased from Janua 20 19 85 cer death.	and that in (n %)	_1 0 8 5 (aur) apinion d				that X: (we) last causes stated
	226. SIGNATURE acle of	Towns 1	MO.		TTENDING PHYSICIAN	MEDICAL STA		22c. DATE	A/FS
		rocus MI)		och Ray	ven Baltimo	re, MI	21218	/
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			Carmel (Pittsburg	gh	COUNTY P	enna.
	uneral director nes Rinaldi Fu	neral Hom	11800 N.H. e Sil. Spr,	Ave., Md. 209		REC'D. BY REGISTRAR	256 REGISTE		URE.

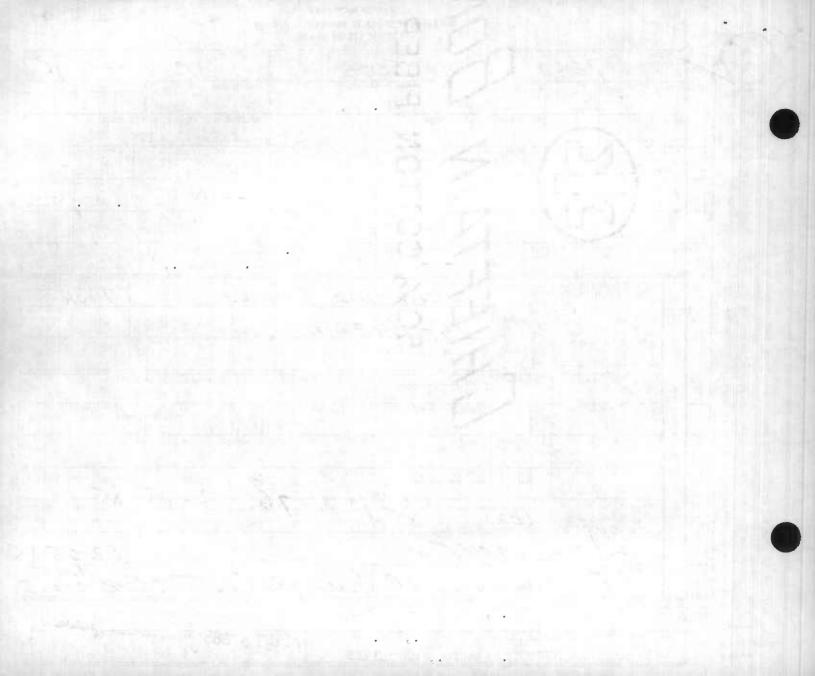
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr MAPORTANT: If them 21 is marked or them 18 shows any injury, or oth



1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 ()	428
	ECEASED NAME PE OR PRINT) PE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3. SI	REBA	4. RACE	GLASS 15. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
1 2	EMALE	WHITE W	NOV. 11, 1895	00	MONTHS DAYS HOURS
Ja 6	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	
. 2	BALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE LEVINI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINE INDUSTRY AT HOME
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUP MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TON BALTIM	RE ADMISSION) WN 13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CODE PARK I	
14 F	FATHER'S NAME SOLOMON	GOLDBERG GOLDBERG	15 MOTHER'S MAIDEN NA	MIDDLE	UNKNOWN
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC 214-38-		MARVIN GEASSS CT. BALTO.,MD	21208
NOIL			<u>DEATH</u> BUT NOT RELATED TO THE TERA		/EN IN PART To
CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YE	FYING CAUSES OF DEATH
MEDICAL CE	saw the deceased alive on	HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, tol) ottended the deceased from,	DAY YEAR 19 21f LOCATION SIREET	CITY OR TOWN CITY OR TOWN Coursed on the date and have	COUNTY 51
	obove. (I) (we) (did) (did no	wiew the body after death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 02-05
1		AW-WINC	so. Cevinose	E GELLATRICE	Se 212
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	²³⁴ FEB. 6,1985 ²³⁴	BETH THEOH CREMATORY	BALTIMORE	MARYIA
24	FUNERAL DIRECTOR SOL 6010 REISTERSTO	LEVINSON & BROS WN RD. BALTO.,		BE REC 3 BY \$385 TRAN 256. REG131	KAR'S SIGNATURE

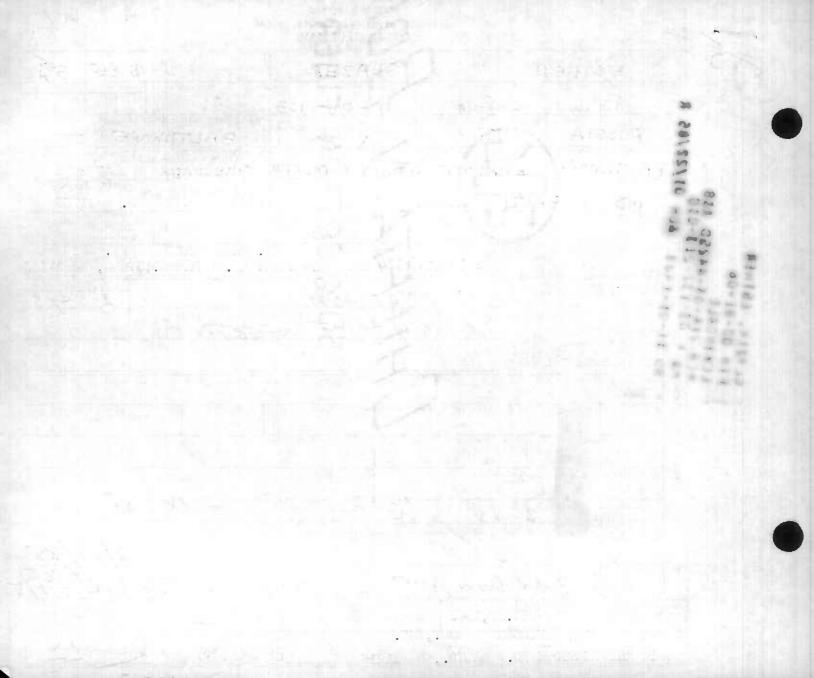


2	1	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 5 0	428/
3		EASED NAME FIRST	MIDDLE	GLAZER	20 DATE OF DEATH MONTH	18-85 26. HOUR 355 M
U .	1 58)		CAUCASIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
197		RTHPLACE (STATE OR FOREIGN 7	USA	MARRIED NEVER MARRIED WIDOWED MOVED	9. BALTIMORE CITY OR COUNT BALTYM	
190		BALTIMORE	LEVINDALE G	EPYATRIC CENTER	TYPE OF WORK FOR MOST OF WORKING L	AT HOME
650	5	TATE MD 136 COUNT		STOWN YES X NO [13e.STREET ADDRESS / ZIP COD 5450 OLD COURT	
136	14	BENJAMIN	BLAUSTE IN LAST	REBECCA	WIDDLE	FUCHS
10	1	VAS DECEASED EVER IN U.S. ARN VES NO OR UNKNOWN) (IF YES GIVE NO	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 219 - 30 -	5324 5450 OLD COU	IR. JACK GEAZER IRT RD. RANDALI	APT. 302 STOWN, MD 21133
certifico ding pays premove defent,	4 4 6 0	18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED IMMEDIATE	(> //	PCEMA	• ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hal the death	io dil.	"Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQUE	M TENET IN	Fireflow	
274	NOI N	na Comercar		<u>BEATH</u> BUT NOT RELATED TO THE TERM		
The for	CERTIFICAT	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \)
SKUN SKUN SKUN SKUN SKUN SKUN SKUN SKUN		210. ACCIDENT WAS UNDERLYING	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MG Phy offen this flee this in the but th ond M	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIO ONDITO OF COMPANY OF COLOR AND COLOR		220. I certify that (1) (this haspite saw the deceased alive on above, (1) (we) (did) (did nat 22b. SIGNATURE)	6-18 19	and that in (my) (our) opinion	death occurred an the date and ho	
by the high per th	180	224. PHYSIZIAN SNAME (TYPE OR	Myns	DEGREE ATTENDING PHYSICIAN 1720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/18/85
TO FUN thought the		13-7h	AN-WIN, N	D. LEVINDAI	E GERIATA	5 (K 2/2/
BP /	230 8	SPECIFY) BURIAL	736 DATE FEB. 19, 1985 HE	BREW YOUNG MEN	BALT IMORE	COUMARYLANDIATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

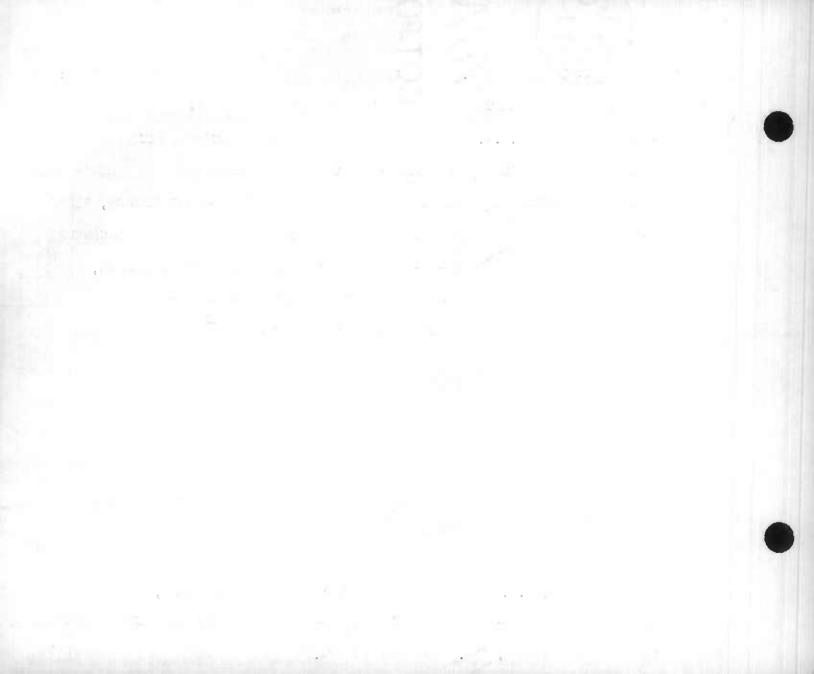
750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FFR 2.0 1985 June Wandson-Kondele FEB 20



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



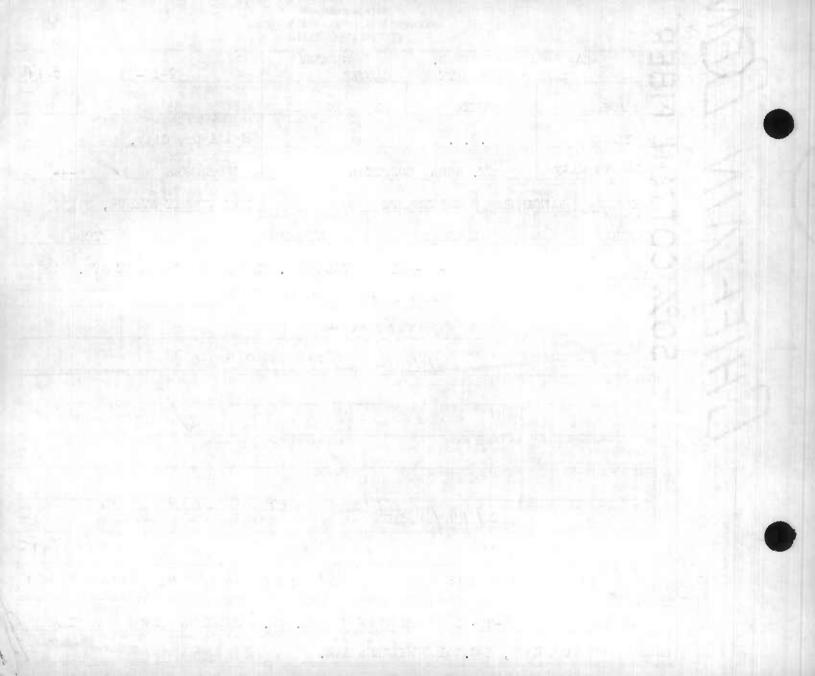
ER & S	*	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 5 0 4 IENE REG. NO.	-	8 9
IN	W		CEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH MONTH D		2b. HOUR P
M.			MARY				GLENN		1985	2:10 M
X	2 (XIA)	3. SE	X .	4. RACE		5. DATE C			ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
M			Female		ack	5	23 03	81 YRS.		
PAL	4 81 83	(RTHPLACE ISTATE OR FOREIGN OUNTRY) irginia	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY OF BALTIMORE CIT		MD.
I			TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
ED	4 de 4 de 5	D:	ALTIMORE /		HOPKTNS		D.T.M.A.T	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	
M 212	hours be fi	USU.	ATTTMORE ALRESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		In Capter Appress / Jip Cope		
25	724.1		laryland	VII	Baltimo		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 2539 Robb Str	eet 2	1218
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E A A A	and and and		James	MIDDLE	Rice		Roberta	WIDDIE	Keene	
CK.W.	M 3 8		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
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ALION	HYS ndin ndin his o bur d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	A DAM STC 1	21f LOCATION	, CITY OR TOWN	COUNTY	STATE
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PE	CTO CTO		sow the deceased alive or above, (1) (we) (did) (did no		after death.	3,01	nd that in (my) (our) opinion	death accorded on the date and house	and homethe	. causes stated
A	DIRE		226. SIGNATURE	1	1	,	DEGREE CULLU	AMONOMO IN THE PER TON THE PER	120 DATE	SIGNED
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	O HOSPITAL O Proined by the Proined by the CO FUNERAL C Provide be detented with the State MPORTANT: If		224 PHYSICIAN'S NAME (TYPE	100	5 M	· .	GOD N WO	ife St B19 1410	Rel	+ MD
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AS	F 2	23a. f	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
E	BP	_		12/11/	'85 O	aknı.	11 Cemetery	Danville;	ABIC CION	Va.
EI	DHMH - 16 50M 4/83		uneral director m C March F/I	J Tng	1 1 O ADDRESS	Mont		E REC'D. BY REGISTRAR 256, REGISTR		
Щ	(VRA 15, 4)	MI	u C March F/1	i inc.	TIUI E	Nort	n Ave.	B 1 3 1985	ridson-A	

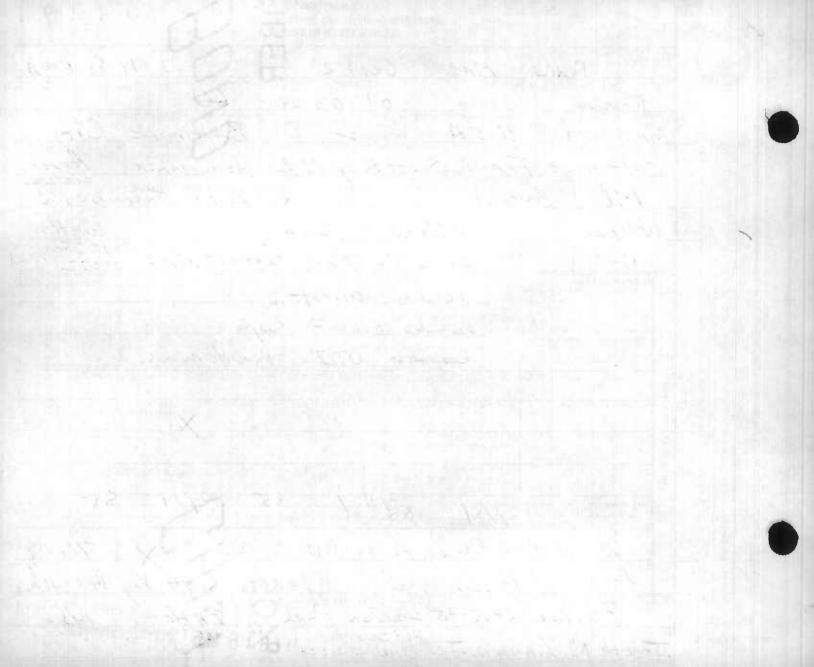


REGISTRAR		CERTI	IICAIL OIL	EATH	REG. NO.		
1 DECEASED NAME AKA FIRST	CLARA MIDDLE	В.	LAST GLOV	ER	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
CLA	RA ANN		OVER		2-19-	-85	3:18PM
3 SEX	4. RACE	5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
FEMALE	WHIT	E 02		20	65 YRS		HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHA	T COUNTRY? 8	an D NEVED	AADDIED	9 BALTIMORE CITY OR COUN		
MARYLAND	U.S.		NED NEVER	VORCED	Baltimore City	V.	MD.
O CITY OR TOWN OF DEATH	11. NAME OF HOSE	ITAL, NURSING HOME		-	12a USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
Baltimore City		ILITY, GIVE STREET ADDRESS) AGNES HOSPI	TAT.		HOMEMAKER	LIFE) INDUSTRY	
ISUAL RESIDENCE (IF NURSING HOME 130 STATE 130 CO	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	4)			DF.	
		CITY OR TOWN HALETHORPE	13d INSIDE C	NO K	130 STREET ADDRESS / ZIP COI		1227
FATHER'S NAME				S MAIDEN NAM	ME		
GEORGE	MIDDLE	RKERT		ILLIAN	WIDDLE	TO	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO	17 INFORMA		ADDRESS	10.	D D
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	15-09-8510	WILLIT	AM B. G	LOVER 1701 SUM	MTT AVE	21227
18 CAUSE OF DEATH (Enter			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D. C	HOVEL ITOI BOLL		CIMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY	ANOXIC	ENCEP	HALD	PATHY	DEIWEEN	ONSET AND DEATH
IMMEDI	ATE CAUSE (a)						
P. C.	DUE TO, OR AS	SEPTICE	MIA				
Conditions, if any, which gove rise to immediate	1b)	SEPTICE	, / • • • • • •				
cause (a), stating the	DUE TO, OR AS	ACONSEQUENCE OF CHRNDIC	AT17	IC MI	EDIA (L).		
underlying cause last.	(c)	CHRNOIC	. 0111	17 1.16	EVIII (L).		
	CONDITIONS CONTE	BUTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1	0
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING							
Y 190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATI	ON WAS PERFO	RMED		ES, WERE FINDI	
112					YES NO	YES 🗌	NO 🗌
OR COLUMN TURE OF STREET	110110 111	MONTH DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF I	EATH	19					
UF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF THE CONTRIBUTION OF THE	21e. PLACE OF It		211. LOCATION	NC	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE D	(AT HOME, STREET, F	ACTORY OFFICE, FARM ETC }	SINCE		CITI OKTOWN		0.74.6
220.1 certify that (1) (this has	pital) attended the de	eased from 2	151	19 25		19 8	that (It (we) last
saw the deceased alive	n 2/1	9/1985	and that in (my)	(aur) apinian a	death accurred on the date and h	auı and fram the	causes stated
abave, (1) (we) (did) (did 22b SIGNATURE	not) view the body affei	death.	DEGREE			22c. DAIE	SIGNED _
The	my Dus		M.D.	TTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	21	19/85
22d. PHYSICIAN'S NAME (TYP	E OR PRINT		22e ADDRES			1 /	
	rmmy st	17	ST	AGNE	S HOSPITAL.	MD.	21229
22- PUBLAL CREMATION SECOND	V Tay BASS	122. NAME OF	CEMETERY		123d LOCATION		
23a BURIAL, CREMATION, REMOV.		the same and the same	CEMETERY OR		CITY OR TOWN	COUNTY	STATE
BURIAL	02-23-8		RIDGE M				RYLAND
24 FUNERAL DIRECTOR	HOME THO		21229	230. DATE	E REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNAT	
HUBBÄRD FUNERAL	HOME, INC.	41U/ WILKE	INS AVE.	1	3 2 4 1985 TURNER	into income . if	

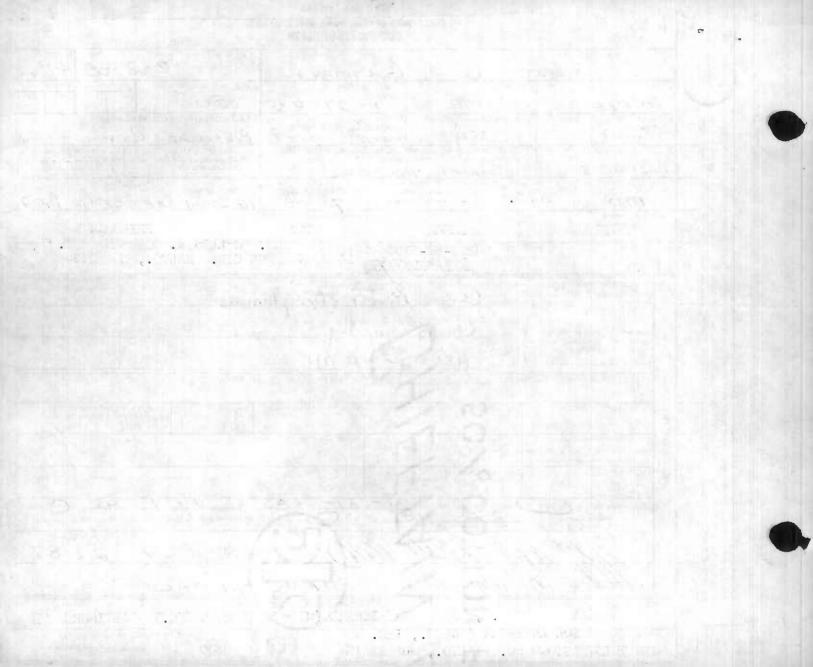
DHMH - 16 60M 7/84 (VRA 15, 4)

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- 3		FOR STATE REGISTRAR		RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH REG. NO.
may be	3. SE)		4. RACE	CIOLDMAN 5. DATE OF BIRTH MONTH DAY	20. DATE OF DEATH MONTH DAY YEAR 20. HO 2 - 2 - 85 4 4 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS TEAR
Poge 4	7a BI	MALE RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	1 - 27 - (835 SO YRS.
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be execution on ordinary. Poor		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, G	NEWAROR DATES		MRS. PHYLLIS DRAGGS GOLDMAN APT. NEHENGE CIR. BALTO., MD 21208
h certificate ding physic orbonpape or removal.		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b ED BY: ATE CAUSE (a) CONTROL DUE TO, OR AS A CONSE	: Annest - An	APPROXIMATE INT BETWEEN ONSET AN
that the deat d by the otten ease remove o ol, cremation,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	o my opathy	
n signed Then pl	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law riction. te has bee sait permit. giene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORM	ED 200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
g physicion. entificate has inal-transit pe intol Hygiene tem 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
G PHYS ottendin ter this c s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY
VITENDIA spitol or CTOR: Af for use of of Health	M		n 2 - 1		19_85_, to
SPITAL OR A by the box NERAL DIRECTOR Be detoched a State Dept.		22b. SIGNATURE	MAN	A ///// PHY	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN 2-2-8
O the Distriction		VETTEREY	M. Moce, M.	10 SIN	
O & O & * *				23c. NAME OF CEMETERY OR CRE	MATORY 234 LOCATION



JACOB GOLDSTEIN 4 RACE 5. DATE OF BIRTH MAR. 5, 1916 WHITE 68 MALE O BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED NEW YORK USA DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLAIMS EXAMINER ${ t BALTIMORE}$ THE JOHNS HOPKINS HOSPITAL DSUAL RESIDENCE (# HURSING HO CIL CITIES INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS DIMECUNITY. 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTO BALTIMORE MARYLAND NOX A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE GOLDSTEIN SARAH ISAAC 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES 7205 VALLEY COUNTRY CT. WWII-ARMY 060-03-5272 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Stores IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Maribe Myocand Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Heroschot. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 216 PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive on. abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OR PRI 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23h DATE WIEMINGTON (SPECIFY) BURIAL FEB.6,1985 BETH SHOLOM SEC.

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 2g. DATE OF DEATH 2b. HOUR

02 85 04 7:48.PM

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

TO TUST WE DE WORK FOR MOST OF WORKING LIFE INDUSTRY 12b. KIND OF BUSINESS OR

> APT. T-4 7205 VALLEY COUNTRY CT.

21208

SSA - US GOVT.

SCHWARTZ

MRS. ANITARECOLDSTEIN APT. T-4 BALTO., MD 21208

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

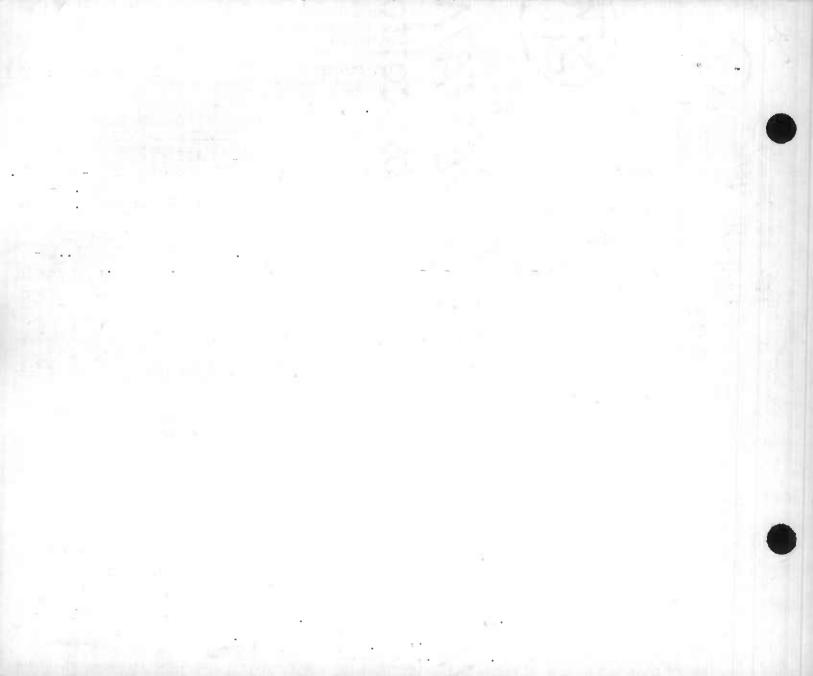
and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated

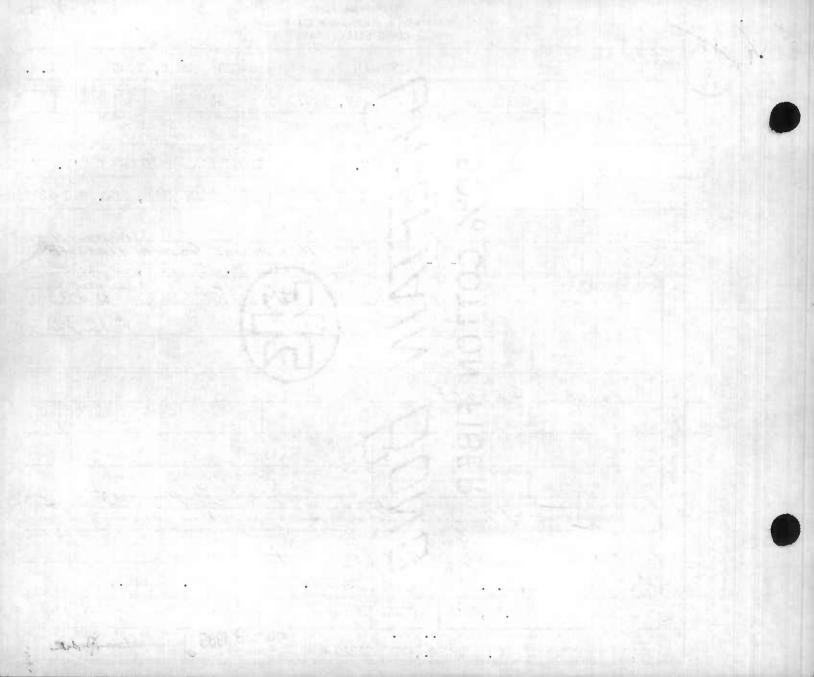
22c. DATE SIGNED

COUNTY

COUNTY DELAWARE

SOL LEVINSON & BROS JEWISH CEMETERINS. ASSOCO. BY REGISTRAR'S SIGNATURE TERSTOWN RD. BALTO, MD 21215 FEB 13 1985 BALTO., MD 6010 REISTERSTOWN RD.

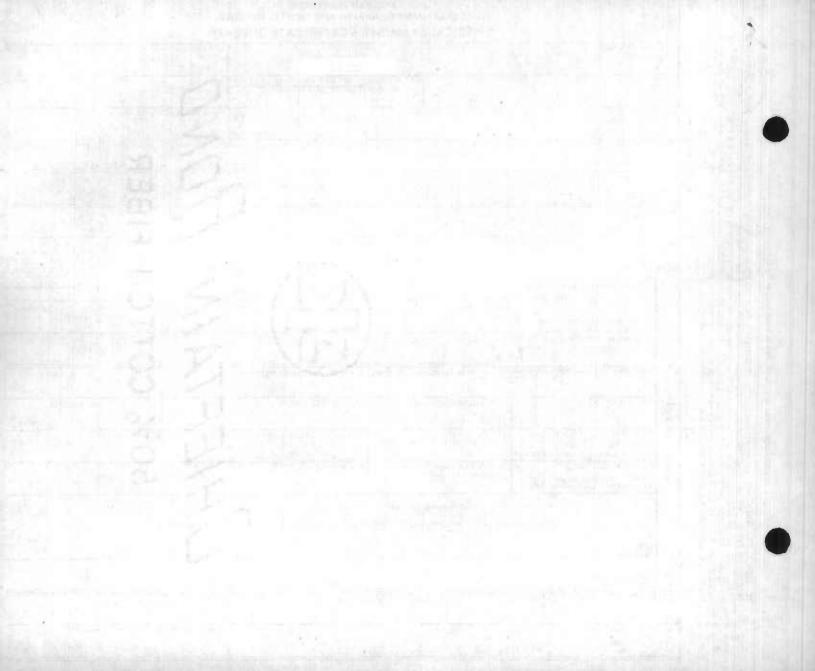




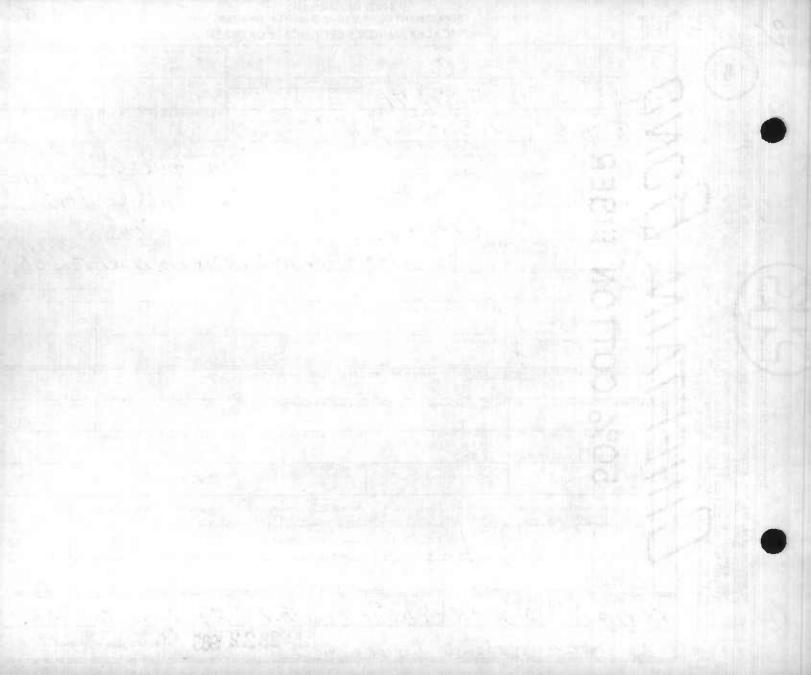
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN XX DECEASED NAME DAY 2b. HOUR (TYPE OR PRINT) ESTI-GOODMAN DEATH MATED MATTHEW 4. RACE AGE (IN YEARS | IF UNDER 1 YR. PHOUR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD male Black 2 4 27 5 11:32 58 17-85 19 9. BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE (STATE OF MARRIED NEVER MARRIEDXX FOREIGN COUNTRY Baltimore City WIDOWED DIVORCED Maryland 10 DELAY IS N TO THE FU N PAGE 5 BE FILED, ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 120 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AT hambra Treet Address Baltimore 3. RETAIN PA SHOULD BE F USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13e. STREET ADDRESS 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 4735 Alhambra Ave. 21212 Baltimore NO [Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME CV DEATH. GES 1. M PM DIVISION OF WITH MIDDLE LAST MIDDLE Charles Goodman JURS AL. PR. GIVE PAC. Phillip Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** 220-18-9589A Mary Goodman 4735 Alhambra Avenue NO IAL-TRANSIT PERMIT. P. MENTAL HYGIENE, DIN, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF FORWARDED TO THE CHIEF MEDICAL EXAMORE, PAGE 3 SHOULD BE USED AS A BURIAL-HE STATE DEPARTMENT OF HEALTH AND MEND, 27201 PRIOR TO BURIAL, CREMATION. lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🗍 NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: TITLE (SPECIFY) ACTUAL DATE 2-18-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A.Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 2/23/85 BURTAL Baltimore, Eastview Mem. Pk. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR FFB 1 9 1985 **DHMH - 17** March F/H Inc. 1101 E North Avenue (VR A15 ME (5))

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X	1	1-	STATE REGISTRAR					XAMIN					Н	REG. N	10			
	1)		CEASED NAME	FIRST		,	MIDDLE			LAST		20.	DATE KI	NOWN (DAY	YEAR	2b HOUR
	資金の名目	(11	PE OR PRINT)	FERNA	NDO				G	ORMAZ			OF DEATH A	ESIL:		23	19 85	_ M
	2000	I. SE	Х	4. RACE	5 DATE OF	F BIRTH DAY	YEAR	AGE (IN YE	RS IF UN	DER 1 YR.	IF UNDER		DATE		MONTH	DAY	YEAR	2d HOUR
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	記を鎖つ		OREIGHEOUNTRY)	ATE OR	76. CITIZEN	N OF WHA	T COUNT	RY?	B. MARR	ED NEV	VER MARRIE	0 0	BALTIMO	RE CITY	OR COUN	TY OF D	EATH	
	AST STATE	2	CHIL	E	C	HILE			WIDOW		DIVORCE				e Cit			MD.
	5年20日子	10. 0	ITY OR TOWN	OF DEATH				SING HOME REET ADDRESS)	OR OTH	ER INSTITUT	TION	12a USUAL	OCCUPA TOF WORK		PE OF WORK	12b KIN	ND OF BU	SINESS
	ADA HS	/	Baltimo	OTE				l Hosp		1		CR	but			a	ule	
	ANNY AND 3	por lan	M D.	13b. COUNT			13c. CITY	OR TOWN	N)	13d. INSIDE (I	NO [130. STREET	ADDRESS 2 E	5. P	resT.	000	157	02
	MD H	14 F	ATHER'S NAME		MIDDLE			AST			R'S MAIDE	NAME	MIDE	DIE			LAST	
	AND SEA	6	UMB	CILTO		6001				MA	RIA	GOR			NE	E F	201	AS
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	BIVISION OF VITAL RECORDS, 201 1 RE. THIS CERTIFICATE SHOULD BE EXECUTED ATE, WAINTING THE WORD "PENDING" IN PORWARDED TO THE CHIEF MEDICAL EXA. RE. PAGE 3 SHOULD BE USED AS A BURIAL - ESTATE DEPARTMENT OF HEALTH AND ME	N N	PART 2 OTHER SIG	GNIFICANT CONDITIONS O			NOT RELAT	EO TO THE TERM	NAL DISEAS	OR CONDITION	N GIVEN IN PAR	T 1 10						
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	EXAMI CERTIFI ALD BE DIRECT WITH	-	death resulte	ed fram: Notur	al causes L	A	ccident	L, Su	cide		ide X	Undeterm	ined moni	ner,	,			
	A SOCIAL	17	ACTUAL SIGNATURE	M	M	XX	M		- 1	ASSI			L EXAMIN		DATE	2.	-23-8	35
	SET SEE	5		V.	-	1	CONTRACTOR OF THE PARTY OF THE	A 113							SIGN		arable All	, ,
	TO MEDICALE EXECUTE THE C PAGE 4 SHOU ATTENDEATH BATTENDEATH	1	EXAMINER'S	Ann Ann	M. Di	Lxon,	M.D.			ADDRESS_	111 P	enn St	t., B	alto)., MK	1. 2	1201	
	524544	23a.5	URIAL TREMA	HON REMOVAL T	DAJE	No.	23c, N	AME OF CEA	ETERY O	R CREMATO	RY	JJE LOCA	TION	4/1	5)6	est'e	1116	(Ver
	7/84 BP	24 5	UNERAL DIREC	TOP	2/27	1/05	14	esta	nee	0	W. 0.137 to	C/d	exm	Mount	234	1	Me	1.
	DHMH - 17	74	NAME WINEC	IR.	0	ADDRESS	7 1	7 11 .	20		FFR '		85	MORE MECH	STRAFE.	Mary Mary	Olfe-Co-	
	(VR A15 ME (5))		NEELE 1	voce 12	iemo	27	- 3	Hed	1		FFH	100	00					

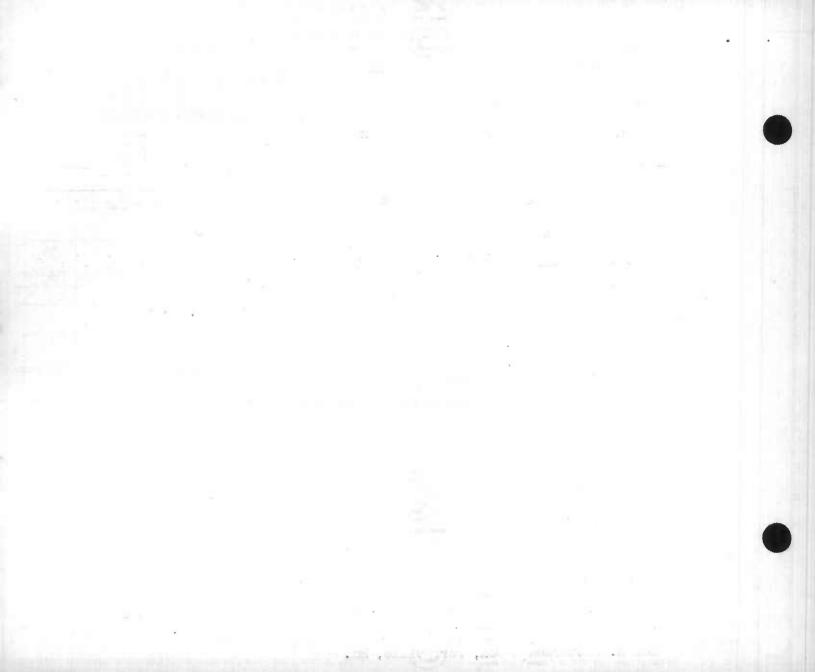
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1	- S	TATE EGISTRAR				ICAL EX						TH	REG. N	10			
1	DEC	EASED NAME	FIRST			MIDDLE			LAST			a DATE		_	TH DAY	YEAR	2b HOUR
	(TYPE	OR PRINT)	Paulir	16		E.		GORT	T			OF DEATH	ESTI- MATED	X 2.	-10	1985	
3.	SEX	4.	RACE	S. DATE OF		6. A	GE (IN YEAR			IF UNDER		C. DATE		MONT		YEAR	2d HOUR
L	Fer	nale W	hite	Aug.	15.1		7 YRS	MONTE	S DAYS	HOURS	MIN. F	PRONOUN	CED	2.	-20	1985	6:50 p.m
ALC: U	a. BIR	THPLACE (STATE		76. CITIZEN	OF WHA	T COUNTRY		AA A DD1	ED NEV	/FD 44 4 DD	(FD []	BALTIM	ORE CITY	OR COU	NTY OF		P VM
1		aryland		U.S.	Α.			WIDOW		DIVORC		Balt	imor	e Ci	ty,		AAD
10		Y OR TOWN OF	DEATH	II. NAME C	F HOSPI	TAL, NURSIN		OR OTH	4.5	TION	17a USU.	AL OCCUP	ATION (T		12b KI	ND OF BU	SINESS
4	Ba	altimore				ush St						mbler		Balt:		RINDUSTR	nsfor.
	SUAI	RESIDENCE (#	N NURSING HOME	OR OTHER INSTITU	TION, GIVE	RESIDENCE BEFO	RE ADMISSION		13d. INSIDE CI	TV LIMITC?		ET ADDRES					
		ryland	138. COO!	411	33.1	Baltin	nore		YES	NO 🗆	15	17 Bu	sh S	tree	t 2	21230	
Į.	FA'	THER'S NAME		MIDDLE		LAST			15 MOTHE	R'S MAIDI	ENNAME	441	DDLE			LAST	
		George		MINUTE		Thomp	son		Ca	arrie		Wi			Kel	lly	
16	a, W	AS DECEASED E	VER IN U.S. AR	MED FORCES	?	166 SOCIAL	SECURITY	10.	17 INFORM				ADDRES	826	Fairs	view	Ave.
L		No	(11 125, 071	THE OR DITTEO		214-4	0-983	30	Mrs	. Nan	cy L.	Merr	itt	Balt	imore	e, Md	.2122
F		18 CAUSE OF D	EATH (Enter a	nly one cause p	per line fo	or (a), (b), an	d (c).)	di		- 4		THE			A BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
1		PARTIDEAT	H WAS CAUSE IMMEDIA	D BY: TE CAUSE (a).	Ar.	terios	clerc	tic	Cardi	ovas	cular	Dise	ease				
					O, OR A	S A CONSEC	UENCE OF										
			if any, which							-2.7			300				
		cause (a) ste lying cause	ating the under	DUET	O, OR A	S A CONSEC	UENCE OF		280	C 95%			1	-		100	-7070
1		iyang coose		(c)				X		100		N					
	_	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO	OEATH BU	NOT RELATEO 1	O THE TERMIN	LL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a),						-71
	CERTIFICATION	19a. DATE OF O	EDATION	Tink	ONIDITIO	ON FOR WHI	CH OBEDA	TIONI W	A C DEDECOR	AAED2					Loc		
4	[]	THE DATE OF O	EKATIOIT	170, C	ONDING	DIV POR WITH	CHOFERA	IIOI4 W	AS PERFOR	MED!						AUTOPSY?	
	ERT	71e EXTERNAL	AUSE WAS	71b. T	IME OF II	NJURY		71c HC	OW INJURY	OCCUPPE	D JENTERN	ATURE OF IN II	IRY IN ITEM 1	9 PART 1 OF		YES .	но ХХ
		UNDERLYING	OR	HOL	JR A.M.	MONTH DA			, II JOKI	OCCORRE	D (ENIERIA	A. ORE OF INJ	AUTHERN S	- ART I OR	crest 2)		
1	\sim 1	CONTRIBUTING			P.M.	INJURY (A	19 THOME.	71f LO	CATION	-							
	ME	WHILE AT WORK				RY, FARM, ETC.)			TREET			CITY OR TOW	VN		COUNTY		STATE
		AT WORK	TWORK			1-1											
1		22a. I certify t	hat I took char	ge of the remo	ins descr	bed above. I	eld an	Autap	у Ц.	Inspectio	n XX	Inquiry	∐, _ <	and in my	apınıan		
		death resulted,	from Natu	ral couses X	A) 76	coident/L_	Sylci	de	Hamic	ide .	Undete	rmined ma	nner	,			
1		ACTUAL A	10.		UNF-	1 Som	note.	11/11	TITLE (SI					DAT			
+		SIGNATURE	recci	MA	1	Jour	dien	TEUM	Ass	sista	nt MEDI	CAL EXAM	INER	DAT	NED_	2-21-	85
1		EXAMINER'S NA	ME Dor	nnis F.	Cmr	th M	6			111	Donn	C+	D-1+			2120	1
-		TYPE OR PRINT			Silly				ADDRESS_			St.,	DdIL	0., 1	MG.	2120	<u> </u>
	15P	RIAL, CREMATIC	N,REMOVAL		-				RCREMATO		CITY O	CATION		C	YTHUO	51	ATE
		rial	DP _	2/23/8					Cemete			1timo		CISTO A D	C CICNIAT	Md	
1	Le	NERAL DIRECTO	Russe	11 C. W	itzk	e Fune	eral H	lome	P.A.	DATE	D h	NO.E	TOB KE	JISTKAR'	SIGNAT	da PO	4
L	Тρ	30 Edmor	idson A	venue,	Cato	nsvill	e, Mo	. 2:	1228	10	40	COE	Jan. 200	1447 CC 00	n-Par	Indiana.	-



1	1		OF MARYLAND	9 8
21 6	11-	TATE	ALTH AND MENTAL HYGIENE	64 7 0
0 -		EGISTRAR MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH REG. NO.	
		EASED NAME FIRST MIDDLE OR PRINT)	LAST ZO. DATE KNOWN MONTH	DAY YEAR 26 HOUR
1 3 0 m		Dorothy	Graham OF ESTI-	13 19 85 M
35039	3 SE		IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY WEAR ALLICAN
	E	MONTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2-1	DAY YEAR 24 HOUR 8:19
80000	10	11716 - 1717 / TRS.		14 19 85 а. м
ECESS INERAL FOR Y WITHIN	7a. B	THPLACE (S) PIGN COUNTRY? 8 PIGN COUNTRY?	MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	TY OF DEATH
ON STATE OF THE PERSON OF THE	16	Alb. md. 403,17 W	NDOWED DINORCED Baltimore City	, MD
AY IS NE THE FUI SAGE 5 FILED, V	10 C	Y OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, O		126 KIND OF BUSINESS OR INDUSTRY
		Baltimore 457 Watty Court, A	Apt. 01 Homemokel	OR INDUSTRY
21201 : ANY DEL AND 3 TC RETAIN PECORDS	USU	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	TO THE THE	21201
ANY AND SETA HOULD RECOIL		ATE 136. COUNTY 136 OF TOWN	13d INSIDE CITY LIMITS? 130 STREET ADDRESS	ta.+1
AP A	1//	Arylane GA110.	YES ON 1 45 WATELO	UM HOTI
	14. F	THER'S NAME	15. MOTHER'S MAIDEN NAME	LAST
		tama (nes/eu	Mary Johnson	m
TIMORI TER DE FORM SES 1 AF	16a. 1	AS DECEASED FER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 5, NO. 03 CINCHON (IF YES, GIVE WAR OR DATES)	O. WINFORMANT ADDRESS	2/2/7
BALTIMORE. S. AFTER DEA' GIVE PAGES TITH FORM P PAGES I AN IVISION OF V	(S, NO ORGINE NOWER) (IF YES, GIVE WAR OR DATES)	20 mis melinichesto con	CHIST
BALTIMA JRS AFTER 8. GIVE PA WITH FORE T. PAGES ID	-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 111.1110011 Clester 13981	APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. ARE ALYGIENE, DAL HYGIENE, DREMOVAL.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
STON ST V 24 HO V ITEM 1 ALONG IT PERMI YGIENE, YOVAL.	9	IMMEDIATE CAUSE (0) Arteriosclerot:	ic Cardiovascular Disease	
AND	1	DUE TO, OR AS A CONSEQUENCE OF		
PER	13	Canditions, if ony, which gave rise to immediate (b)		
N N N N N N N N N N N N N N N N N N N		couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF		
IDS, 201 W. PRESTON ST. XECUTED WITHIN 24 HOU WG". IN PENCIL IN ITEM 18 ALE EXAMINER ALONG BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, AND MENTAL HYGIENE, ATION, OR REMOVAL.		lying couse lost.		01.773
S. S		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO QUATH RUT NOT RELATED TO THE TERMINAL	ANTICE OF CONDUCTOR CHEN IN CASE.	
BIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD. "PENDING". IN TROED TO THE CHIEF MEDICAL EXA SE 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MO OF PRIOR TO BURIAL, CREMATION,	Z	TARE 2 OTHER SIGNAL CONDITIONS CONTRIBUTION TO GENTLE ROLL AND RECATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1 (g).	
ITAL RECORI HOULD BE ED RE "PENDIN HIEF MEDIC USED AS A E OF HEALTH.	MEDICAL CERTIFICATION			
F VITAL REGISTRES SHOULD IN WORD "PEN WORD" PEN OBE USED A BENT OF HEAD IN THE WORLAL C.	3	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?	20 AUTOPSY?
VITAL SHOUL ORD " CHIEF TOFH URIAL	를 들			YES NOXIX
SION OF VI RTIFICATE SI NG THE WO SHOULD BE PARTMENT IN RIOR TO	7 %		214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
A SHOUSE	1 4	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19		
CERTIFIC CERTIFIC TING TH DED TO 3 SHOU DEPARTA	1 %	17	PIF LOCATION	
DIVI IIS CEI NRDEI NRDEI GE 3.	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)		UNTY STATE
DIVISI WER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SI THE STATE DEP		AT WORK AT WORK		
D'. S	1	22a. I certify that I took charge of the remaigs described above, held on	Autapsy , Inspection XX, Inquiry , and in my or	oinian
NO CENT		death resulted from Natural causes XX Accident . Suicide		
AAMI RTIFI O BE NITH RYL/		Tedalareasse Television (Colorina)		
EXA CERT CERT OULD H. WITH		ACTUAL MCMINIS TO VILLE	TITLE (SPECIFY) DATE	2-14-85
ICAL EXA SHOULD SHOULD ERATH, WILL ORE, MAR	-	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER SIGNE	2-14-05
WO CHE		EXAMINER'S NAME	111 Down Ct Balto M	2 21201
TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		(TYPE OR PRINT) Dennis F. Smyth, M.D.	ADDRESS 111 Penn St., Balto., Mo	d. 21201
FUZZZ	23a. E	BIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMET	ERY OR CREMATOR 23d LOCATION COU	NTY CSTATE
07/B4 BP	6	UriAl 2-20-85 Hebulus	Memiland 12Allinore C	0. m.
25M	24 F	NERAL DIRECTOR	25 QATA ROC'D BY REGISTRAR ASS, REGISTRAR'S S	IGNATURE
DHMH - 17 (VR A15 ME (5))	17	NAME PARCE 1121-76 1.20/00	THE ALL TES 2 4 1985 Julies Davidson	- Mandage
(1	12	L'INTE TORE OF THINK	THE VI	



STATE OF MARYLAND



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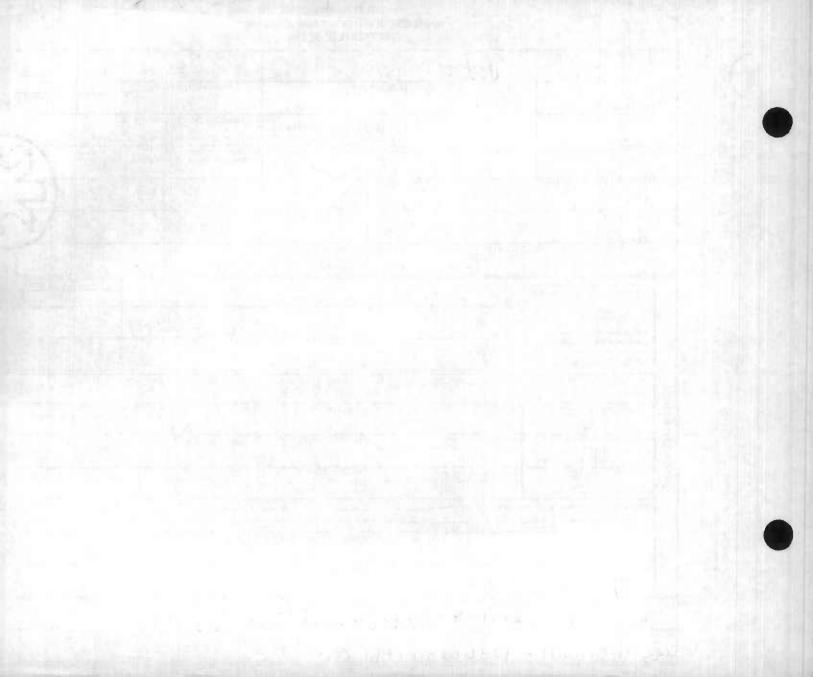
physicic certificate

affending death

7	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND INT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	3 5 0	4300
	1 DECEASED NAME FIRST (TYPE OR PRINT) DIANE	J. L.	GRAY	20 DATE OF DEATH MONTH D	7 85 9: 25 P
	3. SEX Female	Black	5. DATE OF BIRTH MONTH DAY YEAR (6 11 40)		FUNDER I YEAR IF UNDER 24 HRS
5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	US.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	City MD.
8	BALL MUNE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD UNIVERSITY OF M	DRESS) MANYLAND HUSP	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE IN NURSING HOME O		13d INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS / ZIP CODE 843 HAZ lem AU	2/20\ venue.
0	14 FATHER'S NAME FIRST LAVDE	MIDDLE LAST LAST	15 MOTHER'S MAIDEN NA	WIDDIE	Joynen
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITIVE WAR OR DATES) 2163606		of md necends	22 south
	PART I. DEATH WAS CAUSE		ilmonpay ARNEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENT	CE OF The tonsi	1 (Squamous Cell))
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENT	CE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE			
2	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OI		YES NO NO YES	
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 771: SIGNATUS DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS 226 PHYSICIAN'S NAME (POPPORPRINT)

If Hem 21 is morked ar Hem 18 shows ony should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene TO FUNERAL DIRECTOR: MPORTANT CREMATION, REMOVAL 23. NAME OF CEMATERY CR CREMA 23b. DATE BP 1250 DATE KEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/8 (VRA 15, 4)



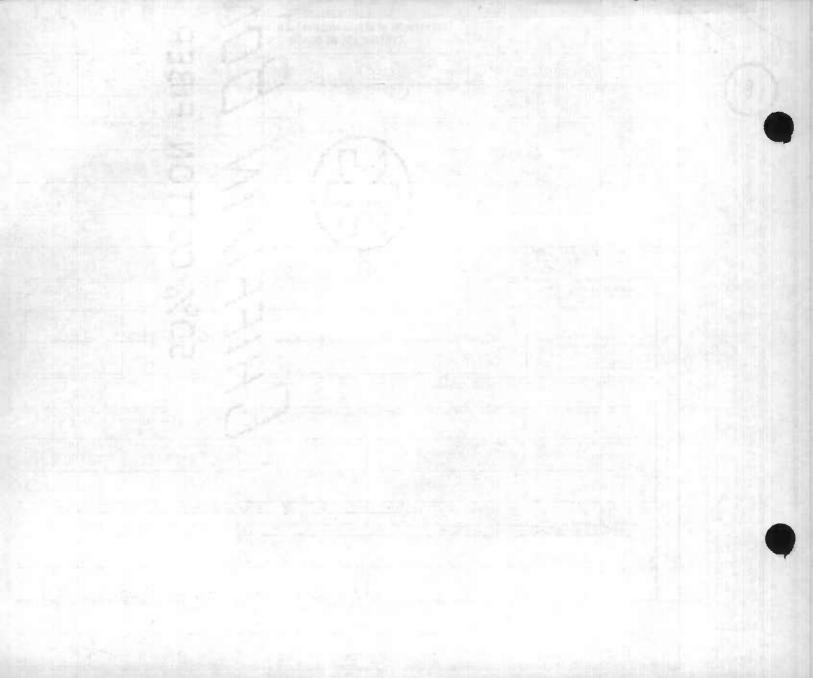
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	IENE REG. NO						
1	1 DECEASED NAME FIRST	WIDDLE	i	AST	20. DATE OF DEATH		YEAR 2b	HOUR			
	(TYPE OR PRINT) CHAR		GREE	UL.			985 9	9:23а м			
-	3 SEX	4. RACE	5. DATE C		HDAY) IF UNDE		UNDER 24 HRS				
	Male	Black	4	27 30	54	YRS.		JURS MIN.			
4	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		EATH				
6	Maryland	U.S.A.	WIDOWE		BALTIMORE	CITY		MD.			
2	BALTIMORE	VA MEDICAL CENT			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		KIND OF BUDUSTRY	USINESS OR			
4	USUAL RESIDENCE LIE NURSING HOME O			TIMORE IND							
d	130 STATE 136 COU				13e.STREET ADDRESS /		2 0				
7	Maryland	Baltim	ore	YES NO		twood R	oad 2	21239			
1	FIRST	MIDDLE LAST		FIRST	WIDDLE		LAST				
	Charles		Sr.	Edna			tty				
1	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS					
	YES 218-26-5833 Peggie Simms 1514 Pentwood Road										
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), an	nd Ic	1	2000	1	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH			
-1	IMMEDIA	TE CAUSE (a)	1000	Monary	ahhee	1					
1		DUE TO, OR AS A CONSEOU	ENCE OF		10		1				
	Canditions, if ony, which gave rise to immediate	(b) metas	MIL	c Squamb	us cell	comer	- VI				
	couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF								
	underlying cause lost.	(e)		NOT BELATED TO THE TERM	INAL DISEASE OF CONI	OTTON GIVEN IN	DART 1:0				
	underlying cause lost. PART 2 OTHER SIGNIFICANT			NOT RELATED TO THE TERM	inal disease or conf	DITION GIVEN IN	PART No				
2	underlying cause lost. PART 2 OTHER SIGNIFICANT	(e)	DEATH BUT		INAL DISEASE OR CONE	20b. IF YES, WER	E FINDINGS				
7	underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING (YES []	E FINDINGS CAUSES OF				
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY	DEATH BUT		200 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING (YES []	E FINDINGS CAUSES OF	DEATH?			
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING (YES []	E FINDINGS CAUSES OF	DEATH?			
7	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	DEATH BUT H OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO SED (ENTER NATURE OF INJUR	20b. IF YES, WERI IN CERTIFYING (YES	E FINDINGS CAUSES OF N R PART 2)	DEATH?			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	DEATH BUT H OPERATIO AY YEAR 19	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING (YES	E FINDINGS CAUSES OF	DEATH?			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.)	N WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION STREET	YES NO ED (ENTER NATURE OF INJUR	20b. IF YES, WERING OF YES 19 YIN TEM 18 PART LOR	E FINDINGS CAUSES OF PART 2)	STATE STATE			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET	YES NO ED (ENTER NATURE OF INJUR	20b. IF YES, WERI IN CERTIFYING YES 1 YIN ITEM 18 PART LOR	E FINDINGS CAUSES OF PART 2)	STATE STATE			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) Decem 55on	211 LOCATION STREET 104 HAY IN JURY OCCURR 211 LOCATION STREET 104 HAY IN JURY OCCURR	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJUR CITY OR TOV to Februar leath occurred on the do	20b. IF YES, WERING OF YES OF YES OF YES TO	E FINDINGS CAUSES OF PART 2)	STATE STATE X (we) lost ses stated			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE CAUSE OF	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) Decem 55on	211 LOCATION STREET 211 LOCATION STREET ADET 18, 1984 and that in XX (aur) apinion of DEGREE ATTENDING PHYSICIAN	YES NO ED (ENTER NATURE OF INJUR	20b. IF YES, WERING ON CERTIFYING ON YES ON CO	E FINDINGS CAUSES OF PART 2)	STATE STATE X (we) lost ses stated			
7	Underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE 210.1 Certify that X (this hosp saw the deceosed drive a above, X (we) (did) (did)	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) Decem 55on	216 HOW INJURY OCCURR 211 LOCATION STREET 1021 18, 1984 and that in XXV (our) apinion of	YES NO CITY OR TO. TO FEBRUATURE OF INJUR CITY OR TO. To FEBRUAT Leath occurred on the do	20b. IF YES, WERING ON CERTIFYING ON YES ON CO	E FINDINGS CAUSES OF PART 2)	STATE STATE X (we) lost ses stated			
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DHMH - 16 60M 7/84 (VRA 15, 4)

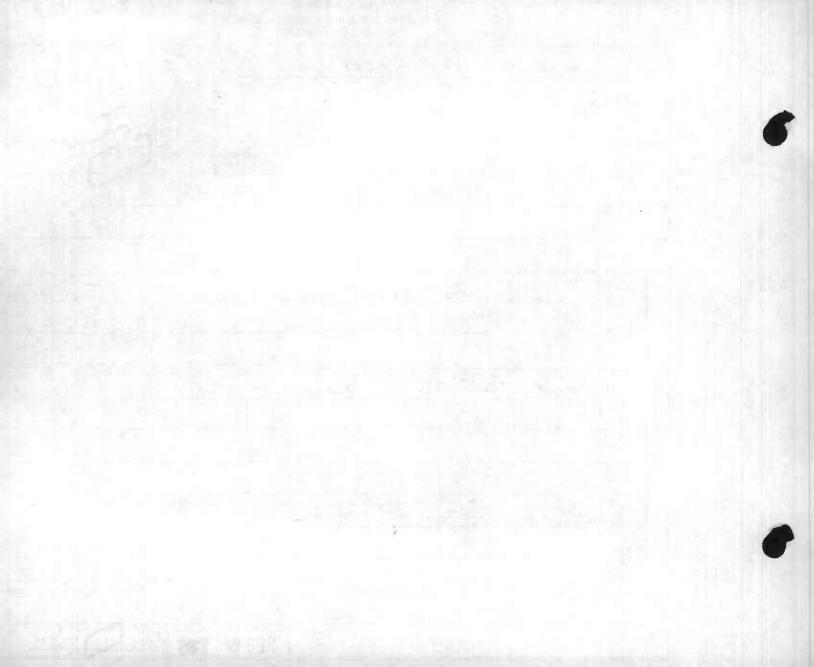
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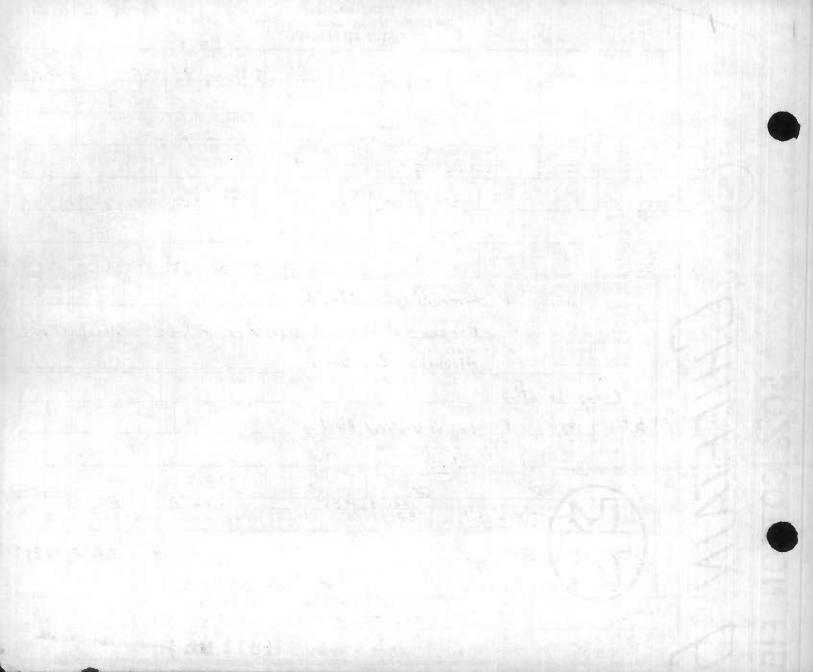
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V	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST MARI	ON MIDDLE	OREEN	20 DATE OF DEATH MONTH	PS- YEAR 26. HOUR
Con other	3, 56	fein .	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR O'L	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
20	Pe	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (
ar	Ba	altimore	1717 Nome St	reet Apt.A2	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
35	13a. Ma	aryland 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NIY 13c CITY OR TOV Baltim	N 13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1717 Nome St	21224 . Apt.A2
300		Henry	Bell Bell	15 MOTHER'S MAIDEN N. FIRST Lucy	MIDDLE	Tyler
/ medica	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2375 Marion Tay	ADDRESS Vor 1235 Well	Lsback Way
me prior to buriet, commenten.	FICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART—2 OTHER SIGNIFICANT (DIA RELEASE) 19a DATE OF OPERATION	Melletee	lejperlension	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
and Membal Hygie and or Nem 18 sho	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	YES NO STORE OF INJURY IN ITEM S	YES NO COUNTY STATE
ORTANT: If them 21 is mork		270. I certify that (I) (this haspi saw the deceased alive ea abave, (I) (we) (did) (did no TIV SIONATURE TIM JAYSICIAN'S NAME (TYPE O	Reach, In	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	272. DATE SIGNED 2/4/85
Model (the control of the control of	1	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY OUnt Calvary Cen		el Co, Stati
16 60M 1/75 A 15 (4))	24 F	JNERAL DIRECTOR	Inc. 1101 E	25e DA	TE REC D. BY REGISTRAR 256 REG	



je	1	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 5 0	4 3 0 4
oge 3	1. 0	ECEASED NAME FIRST PEOPPINT!	Lewis	Green II	20 DATE OF DEATH MONTH DA	SS 26 HOUR OF M
mundi mo	3. 9	Male	Caucas a_	5. DATE OF BIRTH 12 / 69 / 64	18 YRS. MC	UNDER I YEAR IF UNDER 24 HRS
	30	COUNTRY) JAH TEXAS	LUSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or county of	F DEATH Ty MD.
1 11 3	8	BALTIMORE	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD UNITU of MI	D'HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	No NE
illad in	T 30	JAL RESIDENCE (IF NURSING HONE OR C STATE 136 COUNT Ann	13c. CITY OR TOWN	136 INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 1489 Brooks: Le	Common 21401
100	0	David M	Charles Green	S'USAN	MIDDLE	Asih
be executed in und or L'Poper.	160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECURI	17 INFORMANT -6/03 TE CROS	SON UNDU OF	MD. HOSP.
that the death certificated by the attending physecs remove corbango ol, crematian, or removal or other travmotic event		PART I DEATH IEnter anly PART I DEATH WAS CAUSED IMMEDIATE Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		nory arrest an dystrophy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate life-ling
no law requires on the permit. Then please prior to buring ows ony injury, o	CERTIFICATION	Congesta 190 DATE OF OPERATION None	re heart failu	re	206. AUTOPSY? YES NO 206. IF YES, IN CERTIFY! YES YES	WERE FINDINGS USED NG CAUSES OF DEATH?
HYSICIAN: nding phys his certifica burial-troe d Mental Hy or Item 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART ?) COUNTY STATE
HOSPITAL OR ATTENDING PIONED by the hospital or otter the PEAL DIRECTOR. After the COLD to be as the COLD of the detached for use as the COLD of the detached for use as the COLD of the C	W	WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hospitation of the deceased olive an above (1)(20) (did) (did not) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR	view the body ofter death. 19 25	2/21 19.85	medical STAFF DIRECTOR PHYSICIAN D	and from the causes stated The DATE STONED 2/24/85
BP	L	BURIAL, CREMATION, REMOVAL PROPERTY TO THE PROPERTY OF THE PRO		ME OF CEMETERY OR CREMAJORY ST 11/ CINETERY 250/DAT	BUTTORIOWN PERCECOL BY REGISTRAR 256. REGISTRAR	toygy prige
(VRA 15, 4)	4	After Mueral	hapel Fille	& PC/4 Md1 MA	R 4 1985	idson Pandelle

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REGISTRAR

DECEASED NAME

TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR 13 85 GREGORY IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Drug Store 13e STREET ADDRESS / ZIP CODE 2426 Francis St. Baltimore, Maryland 2/2 Peeler 264 E. Junior High Road Gaffnet, S. Carolina APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

Gaffney, Carolina 2501 GWYNNS FALLS PARKWAY 21216 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FNUTTER & RSONS

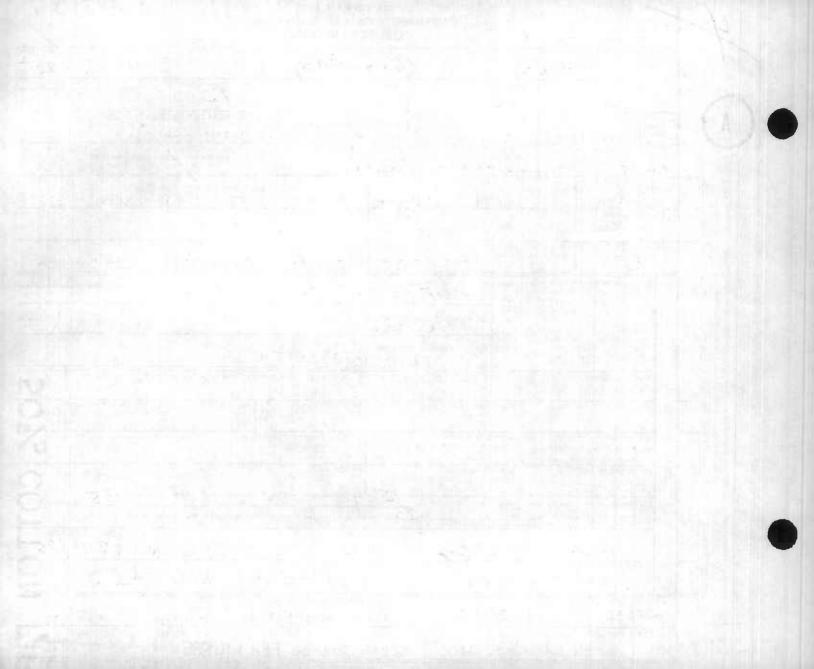
BALTIMORE. MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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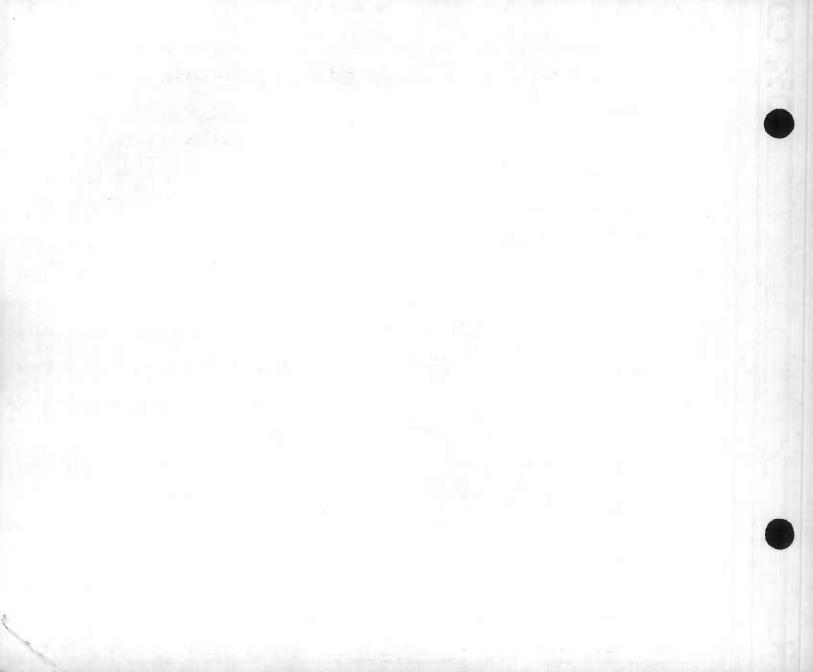


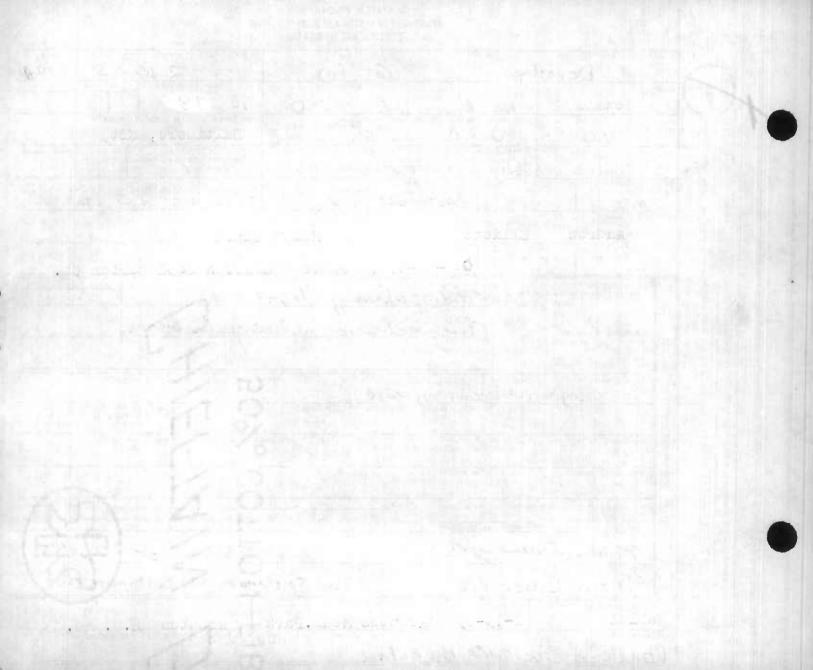
- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE REG. NO	0 4	4 3		0
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH		YEAR	26 HOUR	р
T)	2 051	(Sister)	MONICA BRI		GRIFFIN	February	-	985	2:45	M
	3. SE)		4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONT	HS DAYS	HOURS /	MIN.
		Female	White	Jan	. 5, 1895 F	90	YRS			
pro		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
1		Ireland	USA	WIDOW	ED DIVORCED	Baltimo		/		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE I	NDUSTRY	F BUSINESS	SOR
0		Baltimore	3725 Ellerslie		enue	Nun	F	Relig		
	13a. S	STATE 136 COU	NTY 130 CITY OR TOW	ITION GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN 136. INSIDE		13e STREET ADDRESS /	ZIP CODE		cation	
5		MD	Baltim	Baltimore YES X NO [3725 Elle	rslie A	Ave.,	, 2121	18
	14. FATHER'S NAME PRATICK Patrick 16a WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G)		MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST					
0										
			RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	11.00		
			217 54 8	3075	Sr. M. Gre	ey, O.S.F	. ,	Same	2	
		PART I. DE ATH WAS CAUSE	TE CAUSE (a)	Conce NCE OF	restive Heart Biss		inest:		mate interva inset and de	
	NOI	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to i</u>	EATH BUT	NOT RELATED TO THE TERMI	inal disease or cone	ITION GIVEN I	N PART 110	3	
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE		OF DEATH?	?
-	ERT	71a. ACCIDENT WAS UNDERLYING F	216 TIME OF INJURY		21c. HOW INJURY OCCURR	FD (SNITED NIATURE OF INJURE	YES _	OR PART 2)	NO [
7		OR CONTRIBUTING CAUSE OF DE			NO			J		
8	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION	3 *				
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TOV	N	COUNTY	STAT	TE
		saw the deceased alive or	ital) attended the deceased from 2/1/85.	5	nd that in my (our) apinion d	, ta F26	19, 19 te and have and		tha (we)	
		P	an ma		DEGREE	MEDICAL STAF		22c. DATE :	SIGNED	35
		22d. PHYSICIAN'S NAME (TYPE)	OPPRINT)		22e ADDRESS	I-DIKECTOK LA PHYSIC	AN		10	-
-		Dr. A. Prer	n Pree, MD		North Char	les Genera	l, Balt		MD	

should be detact

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 24 FUNERAL DIRECTOR

2/22/85

235. DATE

Dr. A. Prem Pree, MD

231 NAME OF CEMETERY OR CREMATORY St. Elizabeth's

Balto.,

MD

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
FFR 20 1985 Julia Davidson Rendere W. Jenkins & Balto., MD Sons Co. 21212 4905 York Road

Meiland Anniels College Peruncia, 125 Santa Liil Seas Ellardia Venas CL rcit su orate allocations, et 1 7.00 ri in 217 BR 1076 St. M. Gray, C. 3.F., North Crarks Canar to Till and C colone a minut . W was I State of the second of the sec

	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0	43	
		CEASED NAME FIRST	WIDDLE	U	AST		MONTH I	DAY YEAR	26 HOUR
	(TYPE	BETTIE	GRIMES			FEBRUAR!	16,	1985	12:30P
	3. SE	X	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
- 1	1	female	White	MONTH 12	22 1880	95	YRS	NONTHS DATS	HOURS MIN.
25		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
2	2	Md	USA	WIDOWE		Balt.	City		MD.
35		Itimore	HAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Church Torne	EET ADDRESS)		120 USUAL OCCUPATION OF OF WORK FOR MOST O			OF BUSINESS OR
75	130. S	STATE \$136,COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF-	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21:	215
9	IA FA	THER'S NAME	alt Balt	•	YES NO P!	1 4122 F	leist	, MQ	
31	1 1 2	FIRST	MIDDLE LAST		FIRST	WIDDLE	-	LAS	
10	160 N	F'rank VAS DECEASED EVER IN U.S. A	Grin		17 INFORMANT	ADDRE		utzahr	
2			n/a 213-64		T1 / Down	and Mante	210		21157
	-		only one couse per line for 101, (b),		Tar \ Detri	ard Wantz	312		IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY A CITITIES		ARDIAL INFA	RCTION		BETWEEN	ONSET AND DEATH
		IMMEDIA	DUE TO, OR AS A CONSEC				7-11-1		
		Conditions, if any, which	(A.S.C				0.35		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEG	QUENCE OF					
		underlying cause last	(c)						
	z		CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
-	OLI	PNEUM 190 DATE OF OPERATION	ONIA / DEHYDRA		NI WAS BEDEODANED	200 AUTOPSY?	Tank IF VE	S, WERE FINDI	NGS LISED
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CHOPERATION	N WAS FERFORMED	_ x	IN CERTIF	YING CAUSES	OF DEATH?
7	ERT	710 ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		21c. HOW INJURY OCCURR			S CART 1 OR PART 2)	NO []
9		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	211 LOCATION			COUNTY	STATE
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) this has	pita attended the deceased from	FEBR	UARY 1, 19 85	FEBRU	ARY_	6, 85	that (I) (we last
		sow the deceased alive a	FEBRUARY 6 119	85	d that in (my) out opinion o	death accurred on the de	ate and hou		
		226. SIGNATURE	O		DEGREE			22c. DATE	SIGNED
		W. F. W.	asom ~	8.	ATTENDING PHYSICIAN [MEDICAL STA	IAN	2/6	185
1		ATAOLLAH N				URCH HOSP			RATION
		ATAULLAR N	MAERI M.D.		100 NOR	TH BROADE	WAY	21231	
-		BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	7 7 9	COUNTY	STATE
	1	crematio	n 2/7/85	Carro				Carro	
/84	24. FI	PATETTS FUNE	RAI, HOME LADDRES	ashing!	PER, MEER 14	E REC'D. BY REGISTRAR	Sevidan	RAR'S SIGNAT	L g

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.





REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

5:45am

STATE

Md.

IF UNDER 24 HRS

HOUR5



4.71		OR			DEDADS			ARYLAN		VOIENE S	0	1 4 3 1	4
7	1 - 5	TATE				EXAMIN							
		EASED NAME	FIRST	7412	MIDDLE	EXAMIL	JEK 3	LAST	AIEO		REG. NO		2b HOUR
27		OR PRINT)	100	EPH		GROSS	,			OF	ESTI-	2-17-85	
E S FOR YOUR CD, WITHIN 72 HOURS W. PRESTON STREET,	SEX	[4.	RACE	5. DATE OF BIRTH		6. AGE (IN YE	EARS IF UN	DER 1 YR.	IF UNDER 2	24 HRS. 2c. DA1	E	MONTH DAY YEA	R 24 HOUR
NO.	Ма	le	Black	12 18	36	48 y	RS. MONT	HS DAYS	HOURS	MIN. PRONOL	INCED	2-17-85	* 26 HOUR 4:01
7		RTHPLACE (STATI	E OR	76 CITIZEN OF W	HAT COU	NTRY?	8 MARR	ED NEV	/FR MARRIE	9 BALTI	MORE CITY O	R COUNTY OF DEATH	
35	Ma	ryland		U.S.	Α.		WIDOW		DIVORCE		altimor	e City	MD
		YORTOWNOF Itimore	DEATH	11. NAME OF HOS (IF NOT IN SUCH F.		PTace	E, OR OTH	ER INSTITUT	TION	12a USUAL OCC FOR MOST OF WO		OF WORK 12b KIND OF I OR INDUS	
U	JSUA 3a ST		IN NURSING HOME O	OR OTHER INSTITUTION, G		E BEFORE ADMISS	ION)	13d. INSIDE CI	TV LIMITED	13e. STREET ADDI	DESS		
		ryland	138. COOK			ltimo	re	YES 🔀	NO 🗆			Place 21	223
	4. FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDEN		WIDDLE	LAST	
X		Leroy		Maore	Gro		/	Edn			MIDDLE	Hollan	đ
- 1	6a W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURIT	IY NO.	17 INFORM	MANT		ADDRESS		-
	(NO	(# 125, 5)12	WAR OR DATES,	21	4-30-	7079	Edna	Gro	ss 913	Benne	tt Place	
F		IB CAUSE OF D	EATH (Enter on	ly ane cause per line	e for (a), (b	a), and (c).)	1			- Felicin		APPROXIMA	ATE INTERVAL SET AND DEATH
		PARTIDEAT	H WAS CAUSED	TE CAUSE (a)	rter	ioscler	otic	cardi	ovasc	ular dis	ease	BETWEEN	SET AITO DE AIT
2				DUE TO, OF	RASACO	NSEQUENCE	OF	1/1					
OR REMOVA			if any, which	(b)									
			ating the under-		RASACO	NSEOUENCE	OF 3						
		lying couse	iusi.	(c)									
	Z.	PART 2 OTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERA	MINAL OISEAS	OR CONDITION	GIVEN IN PART	T1 (a);			
	ATK	19e. DATE OF O	PERATION	19b CONDI	ITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?			20 AUTOPS	Y?
2	IFIC											YES 🗆	NOX3
5	MEDICAL CERTIFICATION	210 EXTERNAL		21b. TIME O		. DAV	21c H	OW INJURY	OCCURRED	(ENTER NATURE OF	NJURY IN ITEM 18 P.		,,,,,
2	AL	UNDERLYING CONTRIBUTING	OR CAUSE OF I			DAY YEA	K						
	EDIC	21d. INJURY OC	CURRED	21e PLACE	OF INJUR	Y (AT HOME.		CATION		APUR SIZ			
	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM,	ETC)		TREET		CITY OR T	OWN	COUNTY	STATE
				ge of the remains de	scribed ah	ove, held an	Autop	sy .	Inspection	X, Inquir		d in my apinian	
		death resulted		rol couses X	Accident		ncide	. Homici	-	Undetermined r		any apinon	
			11		1	4		TITLE (SI				0.10.0	-
		ACTUAL SIGNATURE	Mous	@ 1/20	hel	1	M		sistan	T MEDICAL EXA	MINER	DATE 2-18-8	5
3			Mano	arita A.	Kore	11.M.D			11 Pen	n Street		30140	U.S.
6		EXAMINER'S NA (TYPE OR PRINT	ME MATY	jui ica n.	NOI C	1 1 31 1 5 1		ADDRESS_			WE SITE		
2	30.BL	IRIAL, CREMATIC	N, REMOVAL 2	3b. DATE		NAME OF CE				23d. LOCATION		COUNTY	STATE
		URIAL		2/21/85) Mo	ount A	Aubui				more,	· 1. A-Rangeste	
- 1		NERAL DIRECTO		ADDRESS	s				250. DATE RE	EC'A BY REGISTR	AR 25 REGIS	TRAR'S SIGNATURE	
	WM	C Mar	ch F/H	Inc. 1:	101	E Nort	th A	ve.	LED ,	. 0 ,000	4		

ampletely filled in by the fi and 2 should be filed with

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Provewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

H		FOR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 5) 4 .	3 5
1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
Ì		EASED NAME	FIRST	N	AIDDLE		AST .	20 DATE OF DEA	нтиом НТ	DAY YEAR	2b HOUR
١	Link	OR PRINT)	Jame	s I	ra		GUSTUS	Februa	ry 4.	1985	1:20P _M
Ì	3 SEX		1	RACE	0.000	5. DATE C		6. AGE (IN YEARS L		MONTHS DA	
ı		Male BIRTHPLACE (STATE O COUNTRY) Virginia CITY OR TOWN OF DE Baltimore USUAL RESIDENCE (IF NU 36. STATE Maryland 6. FATHER'S NAME		В	lack	MONTH	5 1909	75	YR		MIN.
4			OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE C	ITY OR COU	NTY OF DEATH	
1			104	U. S.	A.	WIDOWE] Balt	imore		MD.
			ATH I	(IF NOT IN SUCI	IOSPITAL, NURSIN HEACILITY, GIVE STREET Land Gene	ADDRESS)	OR OTHER INSTITUTION Hospital	12a USUAL OCCI (TYPE OF WORK FOR A Chairman	of th	GLIFE) 12b. KINI INDUST	D OF BUSINESS OR RY M Oil Co.
1	13a. S	TATE	136 COUNT		GIVE RESIDENCE BEFORE	/N	13d INSIDE CITY LIMITS?		RESS / ZIP CO	ODE 6614	Vincent La 21215
1					Bazczmo		15 MOTHER'S MAIDEN N		e, naz	yzana	21210
1		Benjamin		IDDLE	Gutus		FIRST	MID			unders
1		VAS DECEASED EVER (ES. NO OR UNKNOWN) Yes		WAR OR DATES)	16b. SOCIAL SECU 219-14-0		Ida L. Gust		incent	Lane	21215
ı		18 CAUSE OF DEAT					200 0000				ROXIMATE INTERVAL EN ONSET AND DEATH
ı		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest, due to Myocardial infarction									
		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate ig the	(b)	AS A CONSEQUI	lemia,	; Sepsis due pertension; l				
	ZYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								(XX		
	CERTIFICATION	19a DATE OF OPERA Janury 14,					N WAS PERFORMED	200 AUTOPSY	IN CE	YES, WERE FIN RTIFYING CAU	IDINGS USED SES OF DEATH?
	OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH					AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE C	OF INJURY IN ITEM	18 PART I OR PART	2)
	MEDICAL	21d INJURY OCCUR	TILE		EET, FACTORY, OFFICE, F		211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		278 1 certify that XXI (this hospital) attended the deceosed from January 12 19 85 to February 4 19 85, that XII (we) lost sow the deceosed aliyer on February 4 19 85, and that in (Xy) (our) opinion death occurred on the date and hour and from the causes stated above XI) (we) (did 1000000 view the gody after death.									
		22E SIGNATURE	fun		n	1,D.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	200. D	ATE SIGNED
		22d. PHYSIC IAM	MAN PROPERTY	rendi			22e ADDRESS				
		Stacy J.						and Genera		ital	
		URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	CITY OR TO	WN	COUNTY	STATE
		Buria	al	2/11/1	.985 Ga	rriso	n Forest Vet	eran	E	altimor	re, Marylan

2/11/1985 Garrison Forest Veteran 2501 Gwynns Falls Parkway 750 DATEREC

21216

Baltimore, Maryland

BY REGISTRAR 26 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Nutter & Sons Funeral Home Inc.

etoined by the hospital or offending physician.

70 CHITTH OF EN G & M CIL CO. . 1614 Vincent 12. ובישסר , וצין הי ויון basivasi direct Satura ninn 5 numbers the production of the section of the section of the Surini /11/18 Crrisca Orese Veteran Saltimore, Maryland Motter & Sens runeral Hore Inc. saltacora, Escaland Mills

FOR

FEMALE.

MYRTLE

TUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136 COUNTY

6g. WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

3 SEX

Ju. STATE

CERTIFICATION

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	CERTIFICAT	E OF D	EATH	REG. N	١٥.				
MIDDLE	LAST			20 DATE OF DEATH	HINOM	DAY	YEAR	2b. HOU	IR
MARIE	HAAS				2	7	85	6:3	5A M
CE	5. DATE OF BIR	ТН		6. AGE LIN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	-
WHITE	MONTH 11	24	VE AR	83	YRS	MONTHS	DAYS	HQURS.	MIN.
TIZEN OF WHAT COUNTRY?		NEVER A	ARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

IN BIRTHPLACE ISTATE OF FOREIGN Maryland U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore St. Agnes Hospital

I TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker 13e STREET ADDRESS / ZIP CODE 1040 Elm Road 21227

MIDDLE

Baltimore City

Baltimore Maryland Arbutus NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME August MIDDLE

13c CITY OR TOWN

Laura Gesswein 166 SOCIAL SECURITY NO. 17 INFORMANT

ADDRESS

Harvey

12b. KIND OF BUSINESS OR

216-48-7860 Anita M. Smith 1040 Elm Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for 10), 161, and (c).
PART I. DEATH WAS CAUSED BY: Falure IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse

DUE TO, OR AS A CONSEQUENCE OF Perforation

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21h TIME OF INJURY 210 ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

AT HOME STREET FACTORY OFFICE, FARM, ETC) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from_

CITY OR TOWN

saw the deceased alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

St. Agnes Hospital CARYN WINDERLICH 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23h DATE 23d LOCATION

SPECIFY) Burial 2/11/85 Holy Cross Cemetery 24 FUNERAL DIRECTOR

Brooklyn Pk. A.A. 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

in Davidson

2/7/85

COUNTY

STATE

Maryland

DHMH - 16 60M 7/84

MPORTANI

ld b

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

(VRA 15, 4)

Attest St. Lo. 18 March LIF Dec SC Contende Perforation

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

IYGIENE

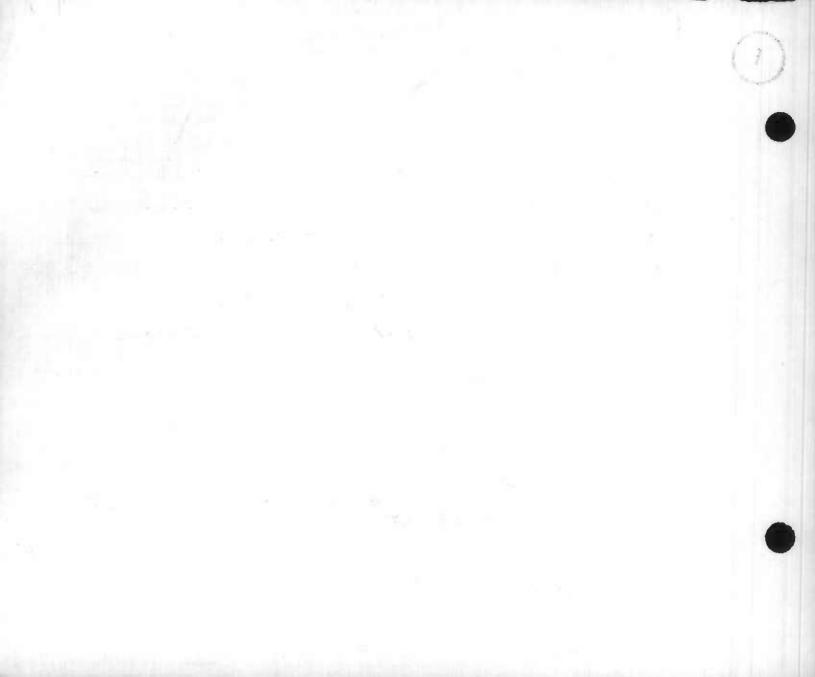
431

٠.		REGISTRAR				CEKTIF	ICATE OF DEATH	REC	G. NO.			
		CEASED NAME	FIRST	7	AIDDLE	i	LAST	20. DATE OF DEAT		DAY YEAR	2b. HOUR	_
	(TYPE	OR PRINT)	Joseph	Raymon	d Hackett	_		2/26/85	5		7:15	a
	3. SEX			4 RACE		5. DATE C		6 AGE JIN YEARS LA		# UNDER I YEAR		
	Ma	le		Whit	e	4/1	12/12 YEAR	72	YRS.	MONTHS DAYS	HOURS A	NIN.
1		RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9. BALTIMORE CI	Y OR COUNT	Y OF DEATH		
5		ryland		USA		WIDOW		Balti	imore Ci	itv		MD.
		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCU	PATION	12b. KIND	OF BUSINESS	OR
	Ва	ltimore			AGnes Ho		al	Electri			aried	
		AL RESIDENCE IN NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
5	414	rvland	Bal+	imore	Baltimo		13d INSIDE CITY LIMITS?	900 S. C			1229	
	-	THER'S NAME					15. MOTHER'S MAIDEN NA	ME				_
9	Da	trick F. I		WIDDLE	LAST		Frances	Michaels	LE	L	AST	
		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		DDRESS			
	ve	YES, NO OR UNKNOWN)	WW2	WAR OR DATES)	212-05-2	2236	Mrs. Angela	Allen 4/	416 Hill	leide A	vo 21'	227
	ye		-				I hrs. widera	ATTEIL 3	110 11111		XIMATE INTERVAL N ONSET AND DEA	221
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSEI	O BY	10. 11.		Lain ton	drala	_	BETWEEN	ONSET AND DEA	ATH.
			IMMEDIAT	E CAUSE 10)		res	Tyracery	ov vuesi				_
		Conditions, if ony, which (b) Bilateral Phenymonia with Sea										
		Conditions, if ony gove rise to im-		(b)	DILAIC	M	namon	160 1176	a doch	-7		_
		couse (o), statis		DUE TO, O	R AS A CONSEOU	NCE OF			/			
				(c)		NE - 711 BUIT						=
	Z	PART 2. OTHER SIG	NIFICANIC	ONDITIONS CO	DNIKIROTING TO	DEATH BUT	TNOT RELATED TO THE TERM	MINAL DISEASE OR	ONDITION GI	VEN IN PARE	10	
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED	_
	윤							YES NO		IFYING CAUSE	S OF DEATH?	
5	ERT	21a. ACCIDENT WAS UN	IDERLYING [1 21b. TIME C	FINJURY		21c HOW INJURY OCCUR		-0.01		,,,,	
3		OR CONTRIBUTING	CAUSE OF DEA			AY YEAR						
7	MEDICAL	(IF EITHER NOTIFY MED		P. PLACE		19	211 LOCATION					
	ME	WHILE NO! W	HITE		REET FACTORY, OFFICE, P	ARM, ETC 1	STREET	CITA	OR TOWN	COUNTY	STATE	£
		AT WORK AT WO		and a dead also	- 4 1 f .	2	19 000	2	96	52 01	ah	la d
		220 I certify that (I's sow the decease		-7	e deceosed from _	350	and that in (my) (our) opinion	deoth occurred on t	he date and ho	ur and from th	, that (I) (we) e couses stated	
		obove, (I) (we) (ofter deoth.	- 0,00	DEGREE				E SIGNED	
		The state of the s	£111	11/13-	-		ATTENDING	MEDICAL	STAFF	- 9	26.5	5
		22d PHYSICIAN'S IN	TAME (TYPE O	R PRINT)			PHYSICIAN [DIRECTOR PH	YSICIAN C	DIVI		
		Rut	10-	Marc	Tu. M	D	BIL	TIMES	= 11051	11 21	220	
	22- 0	COO I	DEMONIA	Tank DATE	1 00 / 12	JAME OF 1	CEMETERY OR CREMATORY	23d LOCATION	- /	ID CI	24	-
	D1 5	BURIAL, CREMATION,	, KEMOVAL	3/1/			wridge Cemete:	CITY OR TON	VN _	Howard	Mary.	land
		UNERAL DIRECTOR		3/1/	03 1	reado		TE REC'D. BY REGIST	4		ut.	
		nbrose Fun	oral I	Iomo 13	28 CIADDRESS	ir Cn		D O TO MAGE	- PO. R	T . 1 . 7	D. J. M	19
	AII	prose run	eral t	TOUR TO	so sarbin	T Dh	I III NOAU	B & / 1485	1 when	and sov-h	milentice	COL

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept of Health and Mental Hygiene prior to bur

IMPORTANT: If Hem 21 is



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sales of the second state of Real Control of the C EPE 2016 COMPLETE THE STATE OF THE STATE Andrews and the state of the st ALCHE COLLEGE STREET, AND ALCHE COLLEGE STREET, AND ALCHE COLLEGE STREET, AND ADDRESS OF THE STREET, A

	4	FOR			STATE	TE OF MARYLAND HEALTH AND MENT	AL HYGIENE	5 () 4	3 1	9
	7	STATE REGISTRAR		MEI	DICAL EXAMIN	ER'S CERTIFICAT	E OF DEATH	REG. N	0.		
	1	(TYPE OR PRINT)	AME FIRST		MIDDLE	LAST	20. [DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
	A SHIPE	(TIPE ORPRINT)	CHRI	STOPHER	W.	HALL	D	OF ESTI-	2-11-	85 19	A
	18 三 5 E	3 SEX	4. RACE	DATE OF BIRTH	YEAR LAST BIRTHDA			DATE	MONTH	DAY YEAR	28 HOUR
	\$250 G	MALE	WHITE	Dec. II.	1964 20 YR	Motor Barro	RS MIN. PRO	DEAD	2-11-	85 19	\$:58A
	NERAL FOR Y WITHIN	# BIRTHPLACE	(STATE OR	. CITIZEN OF WH	IAT COUNTRY?	MARRIED NEVER M	AARRIED IN I	ALTIMORE CITY			
		WASHING		UNITED	STATES		ORCED	Baltimore	e City		MD
	STE OS	TO CITY OR TOW	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTHER INSTITUTION	12a USUAL C	OCCUPATION (TY	PE OF WORK	2b. KIND OF B	USINESS
	A PAGE	/ Ralt	imore		ity Hospita	1 STU	Sn	(DENT	-	VOCATIO	MAL
=	SCHOOL OF STAIN TO ST			OTHER INSTITUTION, GI	E RESIDENCE BEFORE ADMISSIO					3617	2100
2120	AND 3	MARYUN			SEVERNA P		13e STREET		TRAIL	2112	11.
WD.	- 0.8.2. W	14 FATHER'S NA	WE			15. MOTHER'S M			INTIL		
	TAN SAN	ROBER	-	MIDDLE	LAST	Porce	1010	WIDDLE		WADE	
A A	N N N N N N N N N N N N N N N N N N N	IN WAS DECEA	SED EVER IN U.S. ARM		166 SOCIAL SECURITY	NO. IT. INFORMANT	ICIH	ADDRES		VVITUE	
BALTIMORE	JRS AFTER S. GIVE PAWITH FOR WITH FOR WITH FOR DIVISION	(YES, NO, OR UN	KNOWN) (IF YES, GIVE W	AR OR DATES)	215-80-6	610 ROBERT	- Unu	(Ennie	AS	13)	
	IRS A GIN WITH DIVIS		E OF DEATH (Enter only	ane cause per line		U) U I NOUCK!	TIRLL	Cariting	11-2	APPROXIMA	
LST.	\$ 5 0 X X .	PARTI	DEATH WAS CAUSED	BY:	leck injury					BETWEEN ONS	ET AND DEATH
PRESTON	IN 24 HOURS IN ITEM I R ALONG ASIT PERMI HYGIENE, MOVAL.	78%	50 IMMEDIATE	CHOOL (O)	AS A CONSEQUENCE O	OF.					
RES	HIN NSI LENGE		tions, if any, which							-	
W. W	NTA AND ON TA AND TA		rise to immediate (a) stating the under-	(b)	AS A CONSEQUENCE O)E					
201 /	UTED WITHI IN PENCIL I EXAMINER STAL-TRANS O MENTAL		cause last.	000,000	NO N CONSEGUENCE C					25-71	
	SUR! E	PART 2 OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBITING TO DEATH I	THE NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN DARK 1				
RECORDS	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H. RITING THE WORD "PENDING" IN PENCIL IN ITEA REDED TO THE CHIEF MEDICAL EXAMINER ALON GE 3 SHOULD BE USED AS A BURIAL-TRANSIT PER TE DEPARTMENT OF HEALTH AND MENTAL HYGIER SOI PRIOR TO BURIAL, CREMATION, OR REMOVAL			The state of the s	TO THE TERM	MAR GISCASE OR COMPINION DIFER	THE PART FIELD.				
REC	FAL CAL	19a. DATE 21a. EXTER	OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?	,	100		20 AUTOPS	/2
₹	SAL PER SE	FIC									
>	WORD WORD WORD BE CH	210. EXTER	NAL CAUSE WAS	21b. TIME OF	INJURY	114 HOW IN JURY OCC	LIPPED SENTER NATUR	RE OF INTURY IN ITEM IS	PART I OR PARI	YES X	NO 🗌
DIVISION OF VITAL	2 H H B M C		ING OR		VMONTH PAY 85 AR	driver of	an auto v	who lost	contr	ol str	iking
Sio	PAR PAR	CONTRIBLE WHILE	Y OCCURRED	21e PLACE C	OF INJURY (ATHOME,	Inflixed obje	ct				
NO.	SOE	¥ WHILE	NOT WHILE X	STREET, FACT	MgWy Frci	Southbound	Ram off	106w695a	t Rtso2	Anne A	runde 1
	E. THIS CIE. WRITE WARDE STATE DO STATE	AT WORK	AT WORK							Co. Ma	ryland
		220 Ic	ertify that I taak charge	of the remains des	cribed abave, held an	Autopsy X, Insp	ection , Ir	aquiry , a	nd in my opii	nian	
	KAMINER ERTFICAL ID BE FO WITH THE ARY DAND	death res	sulted Iram: A Natura	I causes,	Accident X , Sui	cide, Hamicide _	Undetermin	ned manner			
	EXAMINER: CERTIFICATE OLD BE FOR DIRECTOR: I, WITH THE S MARK DAND.	ACTUAL	(1)10	. > 0	n. W. 10	TITLE (SPECIF				0 11	0.5
	KERKE W	SIGNATU	RE	worle !	14 June	M.D. Assist	ant MEDICAL	EXAMINER	DATE	2-11-	33
	MEDICAL EXAMINE ECUTE THE CERTIFICA EQE 4 SHOULD BE FOR FUNERAL DIRECTO TER DEATH, WITH TH LITIMORE, MARY DAN	EXAMINE	R'S NAME Mari	narita A.	Korell, M.D	. 11	1 Penn S	treet			
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M	(TYPE OR I	KINT)			ADDRESS					
	EDSE49	230 BURIAL, CRE/	MATION, REMOVAL 23		23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCAT	ION	N COUNT	YA .	STATE .
07/84 25M	BP	Bu	SINT I	ES. 14,198	5 MARYLANT	100		UNSVILLE	HANE	HRUNDE	L MD
2014(DHMH - 17	24 FUNERAL DI	RECTOR	ADDRESS	501 RITCHI	E 1-1WY. 250.D	ATE REC'D. BY REC	GISTRAR 256 REG	ISTRAP'S SIG	ANA URE	0
	(VR A15 ME (5))	DARBAN	ICO TUNERAL	HOME	SEVERNA PI	KKK, MITTER	1.0 1900	CONTRACTOR OF	aser-1		

THE DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PARTY

8	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.	0 4 3 2 0
U		CEASED NAME FIRST EOR PRINT)	1A B	HALL S. DATE OF BIRTH	20 DATE OF DEATH MONTH 2 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 8 84 2 64 4
Special Control of the Control of th		FEMALE	WHITE 6 CITIZEN OF WHAT COUNTRY	" 27 12	72 9 BALTIMORE CITY OR COU	
182	45 C	VIRGINIA ITY OR TOWN OF DEATH	USA 1. NAME OF HOSPITAL, NURS	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BACTI M 12a USUAL OCCUPATION	ONE CITY MD.
	1/3/ USU	ALTIM ME AL RESIDENCE IF NURSING THE DESIGNATION OF THE PROPERTY OF THE PROPER	(IF NOT IN SUCH FACILITY GIVE STRE		TYPE OF WORK FOR MOST OF WORKING	ACUTE INDUSTRY
State of the state		ATHER'S NAME	FLED FUCK	WN 13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAM	ALE MIDDLE	x 204
ORE, MAR		WAS DECEASED EVER IN U.S. ARM (YES NOOR UNKNOWN) (IF YES GIVE	WAR OR DAVIES	CURITY NO. 17 INFORMANT	DIE LADDRESS B	WRIGHT POX 315 - B. JONES
105, 201 W. PRESTONST. BA	Z	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO.	BY: CAUSE (o) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	SPIRATORY 1.	NSUPPLIENCE RCINOMA INAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 478
TAL RECORDS, The low require con. The low require con. Sit permit. Then signere prior to be follows ony significants.	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DEUTSION OF VIT DING PHYSICIAN: or otherding physics After this certificat After this certificat after this certificat after this certificat after the consistent of the purisity of the puris	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINERY) 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK AT WORK	P.M	DAY YEAR 19 21! LOCATION STREET	CITY OR TOWN	(OUNTY STATE
O HOSPITAL OR ATTEND etoined by the hospital or TO FUNERAL DIRECTOR with the State Dept of Heal MAPORTANT: If them 21 is in		22a I certify that (I) (this hospital sow the deceased alive on obove, (I) (we) (did) (did not) 22b. SIGN ATURE	view the body ofter deoth. 19 Down PRINT:	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN []	hour and from the causes stoted 270. DATE SIGNED
BP	B	BURIAL, CREMATION, REMOVAL	2- 11- 1985 A	sbury	Barstow	Calvert MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	, B	orgwardt Funeral	Home Port Rep	ublic Maryland	9 1985 Sulia	San Assessment Control of the Contro

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FOR STATE REGISTRAR

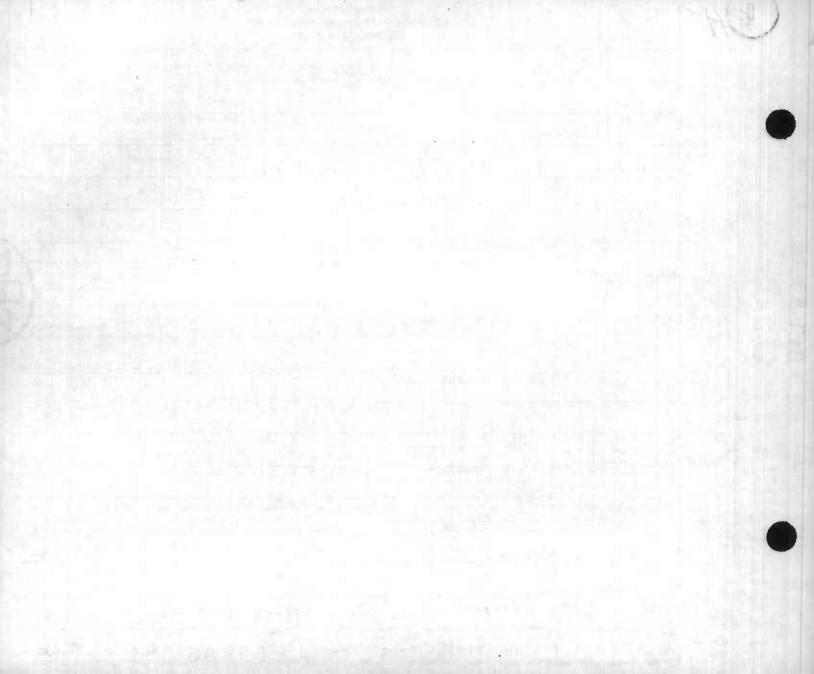
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 5 0 4 3 2

DECEASED NAME FIRST				REG. NO.			
	WIDDLE	LAST		a DATE OF DEATH M	ONTH	DAY YEAR	2b. HOUR
LESL]	ΙE	HALL		FEBRUARY	27,	1985	8:35A
SEX	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Black	8 11	14	71	YRS	MONINS DATS	HOURS , MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ADDIE 0 19	BALTIMORE CITY OR		OF DEATH	
South Caroli	u.s.A.		ORCED	BALTIMOR	E CI	TY	M
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTI		20. USUAL OCCUPATION			F BUSINESS OF
BALTIMORE	THE JOHNS HO	PKINS HOSP	ITAL	(TIPE OF WORK FOR MOST OF	A OWK HAO TH	E) INDUSTRI	
SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		VIJAAITS2 1	3e STREET ADDRESS / 2	ZIP CODE	21	202
Maryland	Baltim		NO []	633 Aisqu	ith	St.Ap	t.6F
4 FATHER'S NAME	MIDDLE LAST		MAIDEN NAMI	MIDDLE	-	LAS	
King	Hall		- IK21	MIDDLE	-	LAS	
WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECUI			ADDRES			
YES	216-10-	0987 Cathe	rine N	Moore 3118	Ra	venwoo	d Aver
18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and	dico				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a) Sepsis					10	Days
	DUE TO, OR AS A CONSEQUE	NCF OF					
Conditions, if any, which	(b) Metasta		, C			3 .	months
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
underlying cause last.	DOL TO, OK AS A CONSEQUE	TACE OF					
orderlying cause last.	((c)						
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO C	DEATH BUT NOT RELATED	O THE TERMIN	IAL DISEASE OR CONDI	TION GIV	EN IN PART 10	9
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED T	TO THE TERMIN	HAL DISEASE OR CONDI	TION GIV	EN IN PART 10	0
PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO D			20a AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
PART 2 OTHER SIGNIFICANT				20a AUTOPSY?	20b. IF YES		NGS USED
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	195 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	OPERATION WAS PERFOR	MED URY OCCURRE	200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFOR	MED URY OCCURRE	200 AUTOPSY? YES NO DO CENTER NATURE OF INJURY	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S ART I ORPART 2)	NGS USED OF DEATH? NO
PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21 INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220 Certify that Atherists	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET	MED URY OCCURRE	200 AUTOPSY? YES NO D CENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES IN CERTIF YE IN ITEM 18 P	OUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (I) ETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK 220 I certify that This hasp saw the deceased alive as	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET	MED URY OCCURRE	200 AUTOPSY? YES NO D CENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES IN CERTIF YE IN ITEM 18 P	OUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270 I certify that This hasp saw the deceased alive as	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA	OPERATION WAS PERFOR 21c. HOW INJ 19 21f. LOCATION STREET ARM ETC.) 21f. LOCATION STREET DEGREE	MED URY OCCURRE N J. 19 85 our) apinian de	200 AUTOPSY? YES NO O CITY OR TOWN To Teb 37 To Teb 37	20b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY 19 25 10 and from the	NGS USED OF DEATH? NO STATE that (I) (we) lacauses stated SIGNED
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK 22a L certify the (I) This hosp sow the deceosed dive of obove, (I) (we) (did (did)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET DEGREE AT DEGREE DEGREE AT DEGREE DEGREE	MED URY OCCURRE N , 19 85 our) apinian de	200 AUTOPSY? YES NO D CENTER NATURE OF INJURY CITY OR TOWN	20b. IF YESS IN CERTIF YE IN ITEM 18 P	COUNTY 19 25 10 and from the	NGS USED OF DEATH? NO STATE that (I) (we) la: causes stated
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that II This hasp saw the deceosed alive of above, (1) (we) (did) (did and	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA pointal) attended the deceased from the body after death.	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET DEGREE AT DEGREE DEGREE AT DEGREE DEGREE	MED URY OCCURRE N , 19 85 our) apinian de	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTROL STAFF	20b. IF YESS IN CERTIF YE IN ITEM 18 P	COUNTY 19 25 10 and from the	NGS USED OF DEATH? NO STATE that (I) (we) la: causes stated SIGNED
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE AT WORK AT WORK 270 I certify that III This hosp saw the deceosed alive or above, (I) (We) (did) (did in 270 SIGNATURE 22d PHYSICIAN'S NAME (1796)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, FA 21 or the body after death.	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET DEGREE AT PI 220. ADDRESS	MED URY OCCURRE N , 19 85 our) apinian de	200 AUTOPSY? YES NO CONTROL NO CONTROL CONTROL STAFF	20b. IF YESS IN CERTIF YE IN ITEM 18 P	COUNTY 19 25 10 and from the	NGS USED OF DEATH? NO STATE that (I) (we) la: causes stated SIGNED
PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FDE (IF ETHER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 27d I certify that II Phis hasp saw the deceased alive or above, (I) (We) (did) (did in 27b SIGNATURE 22d PHYSICIAN'S NAME (TYPE) 30 BURIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, F) 21 view the body after death.	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET DEGREE DEGREE 220 ADDRESS DAME OF CEMETERY OR CI	MED URY OCCURRE N 19 85 our) apinian de TENDING HYSICIAN HH-	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY A	20b. IF YES	COUNTY 19 85 1 and from the	NGS USED OF DEATH? NO STATE that (I) (we) las causes stated SIGNED 7 /85
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHIE AT WORK AT WORK 22a I certify that III his hosp saw the deceosed alive or above, (I) (we) (did) (did no 22b SIGNATURE 22d PHYSICIAN'S NAME (1YPE)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, F) 21 view the body after death.	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET Feb 14 DEGREE WD AT PI 226. ADDRESS	MED URY OCCURRE N 19 85 our) apinian de TENDING HYSICIAN HH-	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY A	20b. IF YES	COUNTY 19 25 10 and from the	NGS USED OF DEATH? NO STATE that (I) (we) la: causes stated SIGNED
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that III this hosp saw the deceosed alive as above, (I) (we) (did) (did not alive of the deceosed alive as a	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE, F) 21 view the body after death.	OPERATION WAS PERFOR AY YEAR 19 211. LOCATION STREET Feb 14 5 and that in (my) (DEGREE WD AT PH 270 ADDRESS JAME OF CEMETERY OR CIA	MED URY OCCURRE N 19 85 our) opinion de HYSICIAN HH- REMATORY I tiona 250 DATE	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY CITY OR TOWN ATT OCCUPY OF THE AUTOMOTE OF INJURY A	20b. IF YES IN CERTIFY YE IN ITEM 18 P	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) la: causes stated SIGNED 7 /85

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR - STATE REGISTRAR

I. DECEASED NAME (TYPE OR PRINT)

14 FATHER'S NAME

NO OR UNKNOWN)

M. BIRTHPLACE (STATE OF FOREIGN Maryland

160 WAS DECEASED EVER IN U.S. ARME

3. SEX

CERTIFICATION

MEDICAL

FOR STATE REGISTRAR	DEPARTMENT OF HEA	ALTH AND MENTAL HYG	REG. NO	14322
PRINT) MICHAEL	AIDDLE LASI	BLL	20. DATE OF DEATH MONTH	6 85 3 544 M
M 4. RACE B	S. DATE OF	BIRTH DAY YEAR 35	6, AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ryland U8	MHAT COUNTRY? & MARRIED WIDOWED	DIVORCED _	9 BALTIMORE CITY OF COUL	NTY OF DEATH MD.
	HOSPITAL, NURSING HOME OR HEACILITY, GIVE STREET ADDRESS!	OTHER INSTITUTION	TYPE OF WORK FOR MOST OF YORKIN	126. KIND OF BUSINESS OR INDUSTRY
L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ATE)	RALTIMORE 1	36. INSIDE CITY LIMITS? YES IN NO		of the 21215
HER'S NAME Michael	Hall	viola	WIDDLE	Wright
AS DECEASED EVER IN U.S. ARMED FORCES? (S. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	= 0 F.101	7 INFORMANT Richard I.	Hall 3900 Er	mmart Road
18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (0)		AMEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	RAS A CONSEQUENCE OF STATEMENT OF	em Lish	THE RESERVE TO	
underlying couse lost (c)	SUB DURAL	OT RELATED TO THE TERM		GIVEN IN PART 1:0
	TION FOR WHICH OPERATION			F YES, WERE FINDINGS USED

Jan SI, 1985	SUB DUNAL EVAC		20e AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING (1) CAUSE OF DEATH (IF FITHER NOTIFY ACDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 30 181	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART 1: OR PART 2)
214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 EOCATION SIREET ?	CITY OR TO	
27a 1 certify that (1) (this haspital) saw the decrased alive an above, (M(wp) (did) (did not) vi 27b. SIGNATURE	ew the body after death.	that in (my) (our) opinion d	eath according on the do	19 that (I) (we) los the and hour and from the causes stated 12 DATE SIGNED

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 11/85 Eastview Mem.

Baltimore, Maryland

24 FUNERAL DIRECTOR

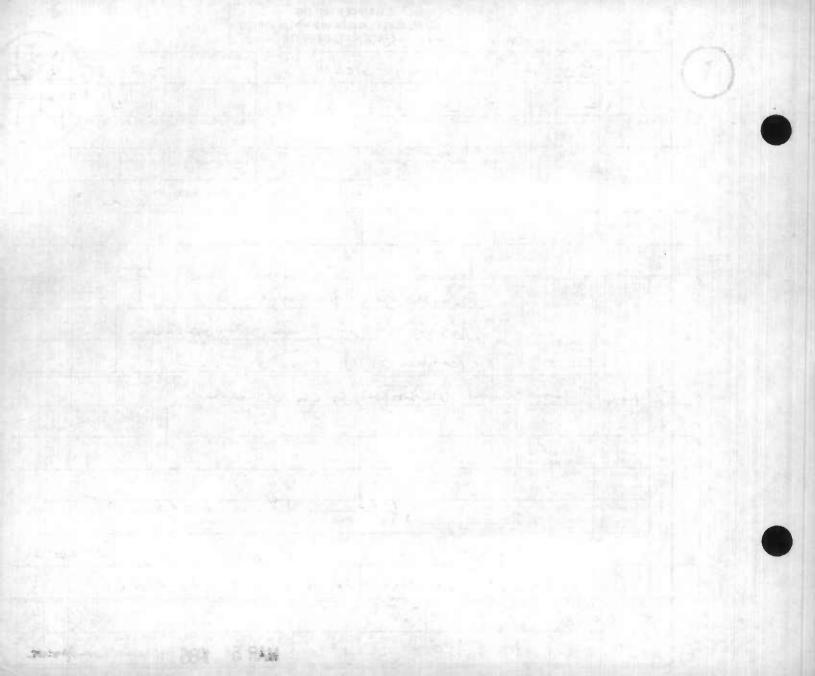
750 DATE REC'D. BY REGISTRAR 751 REGISTRAR'S SIGNAYORE VEE EB 1 1 1985 March F.H., Inc. 1101 E. North Ave EB 1

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

A 6 1 1 1 2 2 21-0-5 and the company of American Charles Charles ATTOM THE PARTY

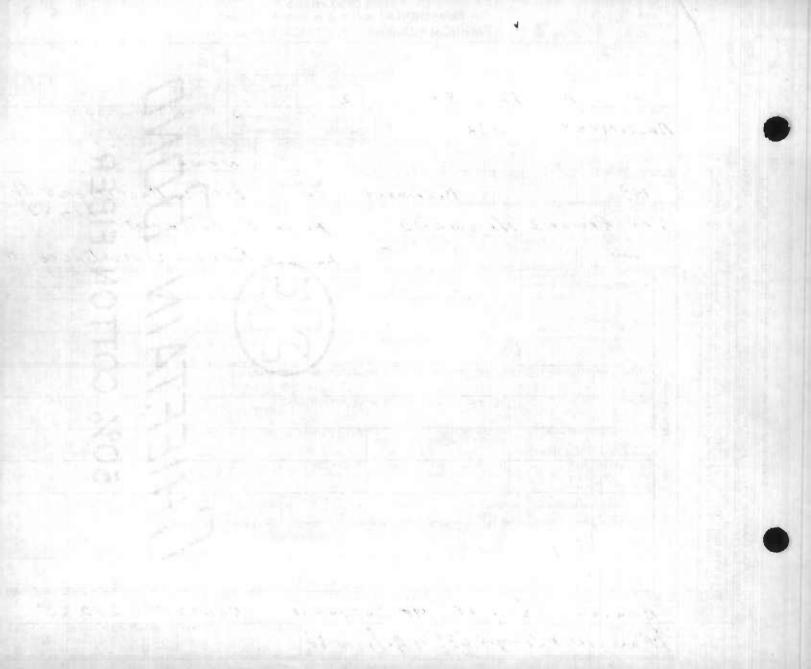
1		CEASED NAME FIRE	Richard	MALL 3 MIDDLE ALLE 7 MISON	n	Hall, Jr.	REG. NO.	ONTH DAY YEAR	1.0
)	3. SE		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	2 26 85 DAY) IF UNDER 1 YE MONTHS DA	AR IF UNDER
	1. 0	Mala		lack	9	25 84		YRS. 4	
35		IRTHPLACE (STATE OR FOREIG COUNTRY) MD		F WHAT COUNTRY? USA	WIDOW		Baltimore city or		
31		altimore	(IF NOT IN SI	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET CIS SCOT	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		D OF BUSINE RY
26	USU 13a. :	AL RESIDENCE (IF NURSING HOSTATE 136			ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3485 Fair	cup Ct	21224
	14. F	ATHER'S NAME			IOLE	15 MOTHER'S MAIDEN NA		sun cc.	21220
300	-	Richard	Allen	Hall	Sr.	Shelia	WIDDLE	Jamisor	LAST
8 1		WAS DECEASED EVER IN U.	S. ARMED FORCES?			17 INFORMANT	ADDRESS		1
		NO (IF)	ES, GIVE WAR OR DATES)	N/A	1	Shelia Jam	ison 3485	Fairsun	Ct.
E .		18 CAUSE OF DEATH (En	ter only one couse po	er line lor (a), (b), on	dicita	1 1			ROXIMATE INTER
or other tra		Conditions, if any, whi gave rise to immedio couse (a), stating t underlying cause la	te DUE TO,	OR AS ACONSEOUE	ENCE OF	Disters &	John	on	
ing inquiry, or other from	ATION	gave rise to immedio couse (a), stating t	DUE TO, (c)ANT CONDITIONS (OR AS OCONSEQUE CONTRIBUTING TO E	ENCE OF DEATH BUT	As den S TNOT RELATED TO THE TERM COLUMNICATION N WAS PERFORMED	INAL DISEASE OR CONDI	TION GIVEN IN PART	IDINGS USER
shows ony injury, or other from	RTIFICATION	gave rise to immedio couse (a), stating to underlying couse to PART 2 OTHER SIGNIFIC PLANT LIPE DEPARTION	DUE TO, (c) ANT CONDITIONS (19b CON)	OR AS OCONSEQUE CONTRIBUTING TO D LOS DITION FOR WHICH	ENCE OF DEATH BUT	, Cinconcer DN WAS PERFORMED	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFY ING CAU	IDINGS USED SES OF DEAT NO
or other red	CAL CERTIFICATION	gave rise to immedio couse (a), stating to underlying couse la PART 2 OTHER SIGNIFIC Ruy L	DUE TO, (c) ANT CONDITIONS (19b CON) 19b CON 19b TIME HOUR /	OR AS OCONSEQUE CONTRIBUTING TO E	DEATH BUT	ON WAS PERFORMED 210. HOW INJURY OCCUR!	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFY ING CAU YES	IDINGS USED SES OF DEAT NO
rked or nem to shows ony injury, or other frag.	MEDICAL CERTIFICATION	gave rise to immedio couse (a), stating to underlying couse la PART 2 OTHER SIGNIFIC PLANT LIPO DATE OF CONTRIBUTING CAUSE	DUE TO, (c) ANT CONDITIONS (19b CON) 19b CON 19b CON 19b CON 19b CON 21b TIME HOUR AMINER) 21e PLACI	OR AS ACCONSEQUE CONTRIBUTING TO E LICENSTANDING TO E LICENSTANDING DITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT OPERATION	ON WAS PERFORMED 210. HOW INJURY OCCUR!	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFY ING CAU YES	IDINGS USED SES OF DEAT NO
21 is morked or nem to shows only injury, or other from	CAL	gave rise to immedio couse (a), stating to underlying couse la PART 2 OTHER SIGNIFIC PURPLE PROPERTION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK Sow the deceased all	DUE TO, (c) ANT CONDITIONS (19b CON) 19b CON	OR AS OCONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM ETC.)	216 HOW INJURY OCCURI	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO CITY OR TOWN 10	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAU YES COUNTY COUNTY	IDINGS USEE SES OF DEAT NO [2]
At: If them 24 is morked of them 10 shows only injury, or other from	CAL	gave rise to immedio couse (a), stating to underlying couse la PART 2 OTHER SIGNIFIC PURPORTION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK AT	ANTCONDITIONS OF DEATH AMINER) 21b. TIME HOUR AMINER) 21c. PLACT (AT HOME S did not) view the bod	OR AS OCONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM EIC 1	210 HOW INJURY OCCURI	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO CITY OR TOWN 10	TION GIVEN IN PART 206. IF YES, WERE FIN IN CERTIFYING CAU YES IN ITEM 18 PART 1 OR PART COUNTY cond hour and from 22c. D.	IDINGS USEE SES OF DEAT NO [2]
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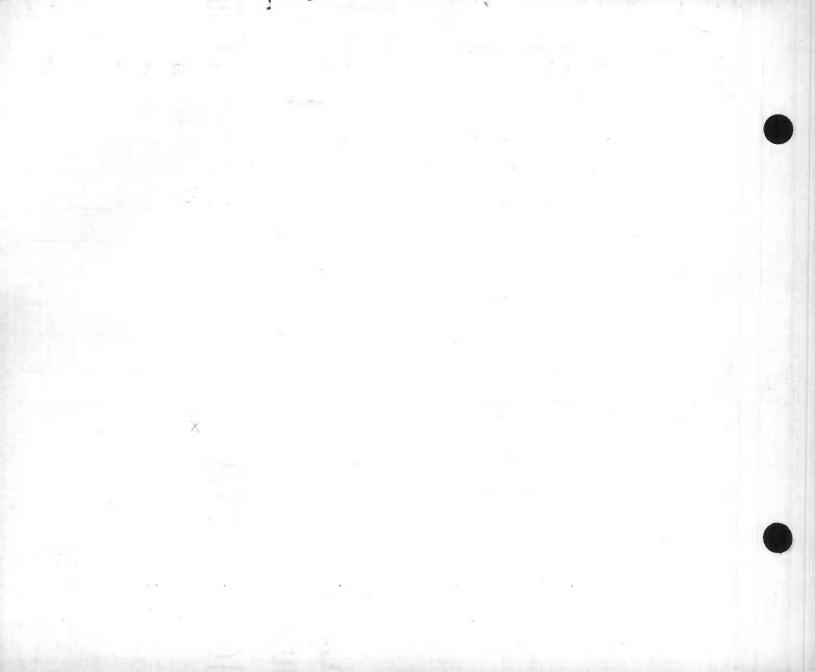
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STATE OF MARYLAND

STATE OF MARYLAND



February 15,1985
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96 YEAR 88 YRS.
NARRIED BALTIMORE CITY OR COUNTY OF DEATH Baltimore City MD.
ITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR 179 E OF WORK FOR MOST OF WORKING LIFE 170 KIND OF BUSINESS OR 110 USTRY Telegraph
TY LIMITS? 136 STREET ADDRESS NO 2211 W. Rogers Ave. 2/20 9
MAIDEN NAME LIEST MIDDLE Dixon
V. Francis Rt. 1 Box 66 Delaware
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
asular Disease
TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POSS Laukeria RMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES NO YES NO UNITED SENTER NATURE OF INJURY IN ITEM IS PART LOR PART 2)
CITY OR TOWN COUNTY STATE
(our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED
TTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN 2-14-85
REMATORY Pk. Bal'timore County Md. STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

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Mitchell-Wiedefeld Home 6500 York Road 2121

FEB 1 9 1985 Julia Davidson Renew

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3	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0 4 3 2 9
m 6		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
oy be death		Thoma Thoma		Hanley		1985 M
ge 4 mg ector. p	3 SE	Male	4 RACE White	S DATE OF BIRTH NOV. 24, 1917	6. AGE (IN YEARS LAST BIRT	HDAY) FUNDER LYEAR FUNDER 24 HRS
nerol dir nn 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltima Baltima	r COUNTY OF DEATH One (ity MD.
Ootified on the control of the contr	1	TY OR TOWN OF DEATH	2907 Georget	ing home or other institution et address Rd. Monnell Panl	(TYPEFOF WORK FOR MOST O	PWORKING LIFE) INDUSTRY
YLAND 212	Me	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	Balti	MORE YES NO	AME	zip code netown Rd. Balto Md.
mple ond		James W	illiam Harl	ey Lill		
MORE, e execut n and co Pages 1		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST		ADDRE	
ALTIMA cion o ers. Po the me		No	705-12		inley, Same a	ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within a ratending physician and complete this certificate has been signed by the attending physician and complete this difference in the permit. Then please remove corbon papers. Pages 1 and 2 facility than Amental Hygiene prior to buriol, cremation, or removal.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQ	D- Senite De	mentin	5 20 -
Pquires 1 signed Then ple to buric njury, or	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
AL RECOI	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap NO \(\bigcap \)
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NG PHY refer this os the but th and M	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E, FARM, ETC.)	CITY OR TO	WN COUNTY STATE
TAL OR ATTEND y the hospital or y the hospital or ARAL DIRECTOR of detached for use tote Dept of Heal IT: If Hem 21 is m		sow the deceased alive or bove, (1) (we) (did) (did THA IGNATURE	ot) view the body offer depth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL		BY MISNAME (TYPE	middet	3350 W.	1/4000	- Ball 21229
F 2 7 4 7 F		BURIAL, CREMATION, REMOVA	77 1	NAME OF CEMETERY OR CREMATORY	_ CITY OR LOWN	COUNTY M STATE)
BP	24 E	Burial JNERAL DIRECTOR	Feb. 20, 1985 M	eadowridge Mem. Par	ALERECT BY PEGKIRAPI	Howard Co, Maryland
DHMH - 16 50M 4/83	M	datly Funeral	Home, 237 E. Parts	psco Tve. Balto. F	FB 1 9 1985	25b. REGISTRAP SISIGNA HAM

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And the state of t	13a. S	MARYLAND -	NTY 13c. C	ESIDENCE BEFORE ADMISS CITY OR TOWN ALTIMORE	13d. INSIDE CITY LIMITS?	KRRR		212 DONE R
1 11200	14 FA	THER'S NAME WILLIAM	WIDDLE	WILLIAMS	15. MOTHER'S MAIDEN N	NAME	WALI	CHAL
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DR ATTENDING PHYSICIAN: The law requirespital or ottending physician. ORECTOR: After this certificate has been sixthed far use as the burial-transit permit. The lept, of Health and Mental Hygiene prior to them 21 is marked or them 18 shaws any injuritem 21 is marked or them 18 shaws any injuritem 21.		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a. I certify that (1) (this haspy saw the deceased alive on above, (1) (we) (did) (did no	21b. TIME OF INJI HOUR A.M. / P.M. 21e. PLACE OF IN (AT HOME, STREET, FAI with ottensied the deci	FOR WHICH OPERA URY MONTH DAY YE JURY CTORY, OFFICE, FARM, ETC.	AR 19 211 LOCATION SIREET , ond that in (my) (our) apinic DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NOT	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18, PART I OR PART INN COUNTY TO THE ORDER TO THE ORDE	DINGS USED SES OF DEATH NO 2) . that (I) (with the causes start

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MPORTANT:

should be with the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR 85

IF UNDER 1 YEAR

26 HOUR

IF UNDER 24 HRS. HOURS

- STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME (TYPE OR PRINT) AUL 3. SEX 4. RACE 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF FOREIGN WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

2s. DATE OF DEATH

ING LIFES

176/PIND OF BUSINESS OR

13h COUNTY A FATHERIS NAM

MIDDLE

166. SOCIAL SECURITY NO

17. INFORMANT

MIDDLE ADDRESS

168 WAS DECEASED EVER IN U.S. ARMED FORCES? [] IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY:

CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

Probable orritt

NO [

15. MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Conditions, if any, which

190 DATE OF OPERATION

218. ACCIDENT WAS UNDERLYING

NOT WHILE

230 BUBJAL, CREMATION, REMOVAL 236. DATE

gave rise to immediate couse (a), stating underlying couse

DUE TO, OR AS A CONSEQUENCE OF Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

28s AUTOPSY?

20b. IF YES, WERE FINDINGS USED

STREET

IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY

220.1 certify that (this haspital) attended the deceased from 01

21b. TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

211 LOCATION

CITY OF TOWN

STAFF

NON

and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

COUNTY

STATE

NO F

saw the deceased alive on. abave, (1) (we) (did) (did not) view the body ofter death 22% SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

D. Cardi MO

22e. ADDRESS

MERCY HOSPITAL

ATTENDING

PHYSICIAN

23d. LOCATION

MEDICAL

19 85 that ((we) lost

22t. DATE SIGNED

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

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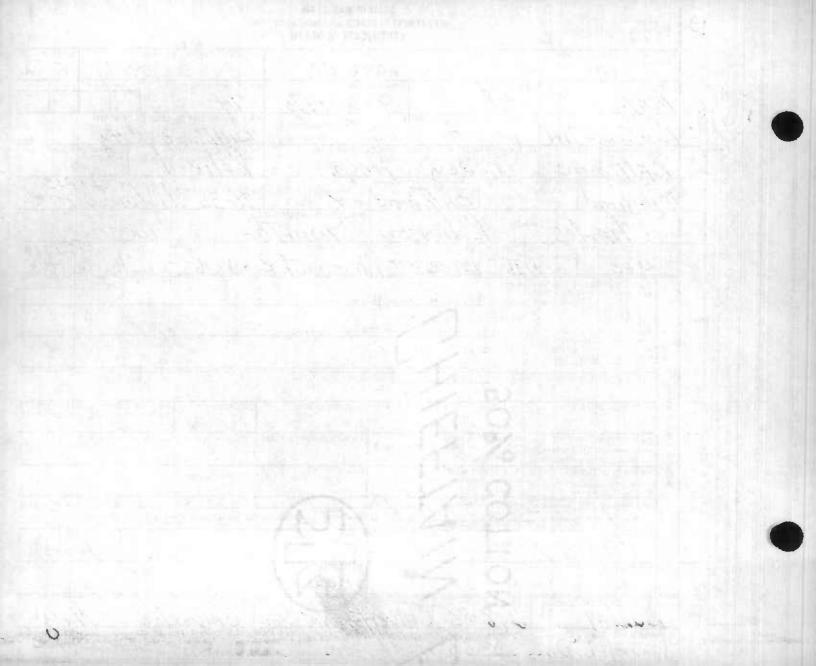
24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whise Davidson-Hon

2312 NAME OF CEMETERY OR CREMATORY

DEGREE

170



Jannie Jannie	X			OF MARYLAND	0 11 0	1 7 7 7
DECEASED NAME (1979 OR 1904) Jannie	1					4004
Jannie Arace S. Date of Birth Value S. Age (Invested) FUNDER 194 R. Date of Birth Value S. HOUSE R. Date of Birth Value S.					REG. NO.	
Jannie Flady Place Spate of Birth Place Spate of Birth Place Spate of Birth Place P			WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
SEX ARCE S. DATE OF BIRTH ARCE S. DATE OF BIRTH ARCE S. DATE OF BIRTH ARCE S. DATE S. DATE		Janni	le	Hardy		2 20 19 85
Part Dead Contribution Contr	3	SEX / 1. RACE		IF UNDER TYR. IF UNDER 24 I		MONTH DAY YEAR 26 HOUR
The property of the property		Female Black	r 10 111 10	MONTHS DAYS HOURS MI	DEAD	2 20 1085 6:187
Baltimore City Mind Divorced Baltimore City Mind Divorced Baltimore City Mind Divorced Baltimore City Mind Divorced Divorced Baltimore City Mind Divorced	7 a	BIRTHPLACE (STATE OR	7h CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OF	
Baltimore 11. Name of Hospital, Nursing Home, or other institution 12a usual occupation (invedimental to the process) or working of the process of the		FOREIGN COUNTRY)	1 1 < /1			City
Baltimore 526 N. Monroe Street ### A RESIDENCE (IF IN NURSING HOME ON CHICA PRISTITUTION, GIVE RESORCE BEFORE ADMISSION) 136 STATE 136 COUNTY 137 COUNTY 138 COUNTY 139 COUNTY 139 COUNTY 130 COUNTY 131 MISSIBE (II Y LIMITS? YES NO	10	CITY OR TOWN OF DEATH			& USUAL OCCUPATION (TYPE C	OF WORK 126 KIND OF BUSINESS
It FATTERS NAME 13b. COUNTY 13c. LIV OR COWN 13d. INSIDE (TITY LIMITS) 13a. STREET ADDRESS 13b. COUNTY 13c. LIV OR COWN 13d. INSIDE (TITY LIMITS) 13a. STREET ADDRESS 13b. COUNTY 13c. LIV OR COWN 13d. INSIDE (TITY LIMITS) 13a. STREET ADDRESS 13b. COUNTY 13c. LIV OR COWN CONTRIBUTION CONT		Dalbimara			FOR MOST OF WORKING LET	OR INDUSTRY
A FATHER'S NAME (A FATHER'S NAME (A FATHER'S NAME (BESS) (Įć.		526 N. MONTOE STIPE OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI	et L	nousewife	
FATHER'S NAME MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE		STATE 136. COU	NTY 13c CITY OR TOWN	Acres and A	STREET ADDRESS	2/2/700
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). ACUTE ethanol intoxication Canditions, if ony, which gave rise to immediate couse (a) storting the underlying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR 210. FINE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OCCURRED 210. PLACE OF INJURY (AT HOME. 2116. INJURY OCCURRED 2116. PLACE OF INJURY (AT HOME. 2116. LOCATION 2116. LOCATION			JAITO.		- C IN THOMB	De oringe
16 NO SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16 NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16 NO. OR OLD 17 O. O. D. O.	14	FIRST PIRST	MIDDLE	IS. MOTHER'S MAIDEN N	NAME	A LAST
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETW	16	(YES, NO, OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	D. IT INFORMANT	21	
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AT WORK AT WORK	1	WHILE ON NOT WHILE	STREET FACTORY FARM STC)		CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				3,111
						in my opinion
		death resulted from: Null	LAI. Accident L.I., Suicide		indetermined monner	
death resulted from: Nutrus Court . Accident . Suicide . Homicide . Undetermined monner .		ACTUAL	$\wedge \wedge$	Accietant		DATE 2/20/85
death resulted from: Nutrical Courses X. Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) ACCIDENT		SIGNATURE	V .	M.D.ASSISCAILC	MEDICAL EXAMINER	SIGNED 2/20/05
death resulted from: Nutural course X. Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) ACCIDENT DATE 2/20/85		EXAMINER'S NAME	Gregory R. Kauffman M.	D 111	Penn St I	Balto, Md
ACTUAL SIGNATURE	22					Darco, Pa.
death resulted from: Nutricious X. Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE	231	(SPECE PER LICENSE AND VAL	2/20/00/10	r 1 10 1	CITY OF JOWN	COUNTY STATE
death resulted from: Nutural course X. Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE	2.4	DUKIA!	CAN / SO KOBERISON I		DALTO,	TRAD'S SICHIATURE
death resulted from: Nutricious X. Accident . Suicide . Homicide . Undetermined monner . ACTUAL SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER SIGNED 2/20/85 EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS . 111 Penn St. Balto, Md. 136 BURIAL, CREMATION REMOVAL 236, DATE . 236, NAME OF CEMETERY OR CREMATORY, CITY OF COUNTY . STATE . DATO.	24	NAME O	ADDRESS	1 - 11 IA	D. BT REGISTRAR 1758 REGIST	INAN S SIGNATURE
death resulted from: Nutricious X. Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE , M.D. ASSISTANT MEDICAL EXAMINER SIGNED 2/20/85 EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto, Md. 136 BURIAL CREMATION REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY CITY OF COUNTY STATE OF COUNT		17"C. DROWN CO	Mm. F. H. 1206 W. K	WRING FEB	27 1985 guile	version-handers

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IMPORTANT

24 FUNERAL DIRECTOR

Wm "C" March F/H Inc. 1101" E North Ave.

r use as the burial-transit Health and Mental Hygie

FOR - STATE REGISTRAR

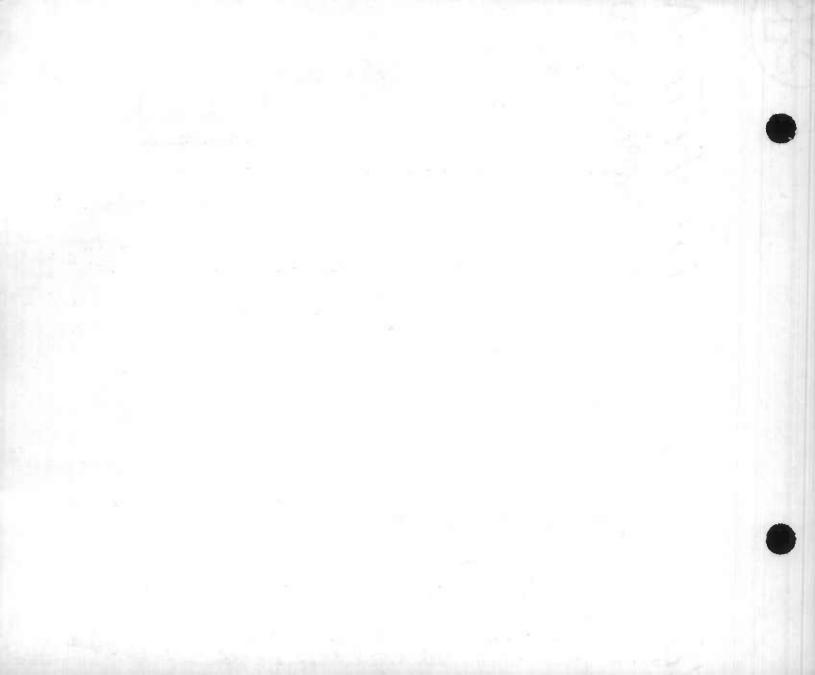
DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		REG. NO.	0	4 3	3	3
MIDDLE	ley	20. DATE OF DE	ATH MON	- 23	-85	S HOU	25 _M
S. DATE MON	OF BIRTH DAY YEAR OF DAY	6 AGE (IN YEARS	LAST BIRTHDAY	YRS IF L	INDER I YEAR	IF UNDER HOURS	24 HRS MIN,
A WIDOW HOSPITAL, NURSING HOME ICH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	9 BALTIMORE Balti 12a USUAL OCC (TYPE OF WORK FOR	more	City		F BUSINE	MD. SS OR
GOVERESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Baltimore	13d INSIDE OF LIMITS? YES NO X 15 MOTHER'S MAIDEN NA/ FIRST	ME		dale	Ave.		207
Wilson 166 SOCIAL SECURITY NO.	Susan 17. INFORMANT Oscar Harl	ev 301	ADDRESS	enda.	10 137	on iii	
line lor (o), (b), and (g).)	tion one	umo	má	, iida		MATE INTER	VAL
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ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	IN AL DISEASE OF	R CONDITIO	N GIVEN	IN PART 110	H U	77

Gulia Davidson Randalle

DECEASED NAME TYPE OR PRINTS RACE To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN S. Carolina O CITY OR TOWN OF DEATH NAMEC (IF NOT IN Baltimore Mas USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 136 COUNTY Baltimor Maryland 4 FATHER'S NAME MIDDLE Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES Unknown LIF YES, GIVE WAR OR DATES! 18. CAUSE OF DEATH (Enter only one couse p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO. Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I (this hospital) attended the deceased from sow the deceosed olive on obove. (1) we) (did) (did no) view the body olter death and that in (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 771 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURTAL Arbutus, 3/1/85 . bMo Arbutus Mem. Pk.

DHMH - 16 50M 1/81 (VRA 15, 4)

Es a Late Town The state of the s TO SHOW THE PROPERTY OF THE PR PARTY DONOTED STORESTORE CONTRACTOR



FOR

- STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CERTIFICATE OF DEATH

ENE

REG. NO

20 DATE OF DEATH MONTH 2b HOUR FEBRUARY 17,1985 6 AGE (IN YEARS LAST BIRTHDAY)

I. DECEASED NAME IAST Harthorne ROBERT (HAWTHORNE) 4 RACE 5. DATE OF BIRTH 3 SEX 46 11 black 38 male BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Virginia Baltimore City U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Church Home Hospital Baltimore 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Baltimore 1024 Durham St. 21213 Maryland YES TX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elinora Newington James Brown 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO 231-60-0894 Sterlin Northington 1747 N. Milton Ave

PART I DEATH WAS CAUSE	ly one cause per line for rol, rbi, and roll DBY: TE CAUSE (a) <u>CARDTOPIILMONARY ARRES</u> T	,	BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) UPPER GASTROINTESTINAL DUE TO, OR AS A CONSEQUENCE OF (c) HEPATORENAL SYNDROME	, BLEEDING	
PART 2 OTHER SIGNIFICANT (CONDITION FOR WHICH OPERATION WAS PERFORMED	RMINAL DISEASE OR CO	NDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET FACTORY OFFICE, FARM ETC)

sow the deceased alive on FEBRUARY

22a I certify that (I) this hospital attended the deceased from

23b. DATE

NOT WHILE

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

211 LOCATION

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

FEBRUARY

and that in (my cour opinion death occurred on the date and hour and from the couses stated

CITY OF TOWN COUNTY

YES [

STATE

220 DATE SIGNED

ATTENDING MEDICAL STAFF FEB 17,1985 22d PHYSICIAN'S NAME (TYPE OF PRINT)

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

85

MUKESH LUHAR

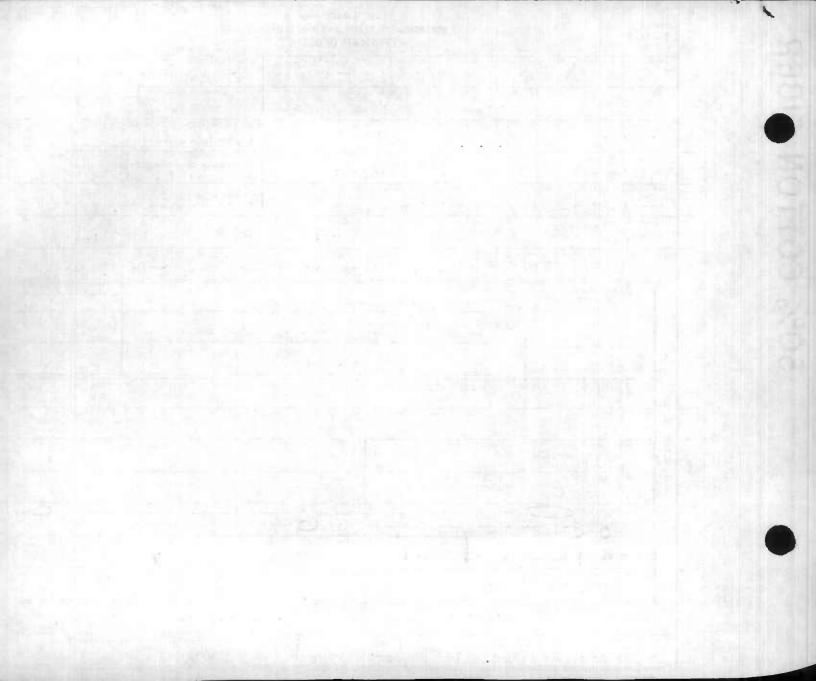
CHURCH HOSPITAL CORRORXXO, BROADWAY, BALTIMORE, MD. 21231 23d LOCATION

2/23/85 Mount Zion Cemetery Lansdowne, BURIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

Md. STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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1.	FOR STATE REGISTRA
	EASED N.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 1									RE	G. NO.				
		CEASED NAME	FIRST	1	WIDDIE		LAST		2a. DATE OF DEA	ТН момтн	DAY	YEAR	26 HO	UR
	(TIPE	P P	lo Ro	THU		1	HARVE	4		02	17	85	6.4	15 AM
	3. SEX	K	1	4 RACE					6. AGE (IN YEARS LA	ST BIRTHDAY)			IF UNDE	R 24 HRS
0		Female	4	В	lack	3	9	12	72	YRS			HOURS	MIN.
Ä	7a Bil	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	O NEVED	MARRIED T	9 BALTIMORE CI	TY OR COUN	Y OF D	EATH		
/		. Caroli	na	U.S	. A .				Baltim	ore C	ity	,		MD.
7		altimore	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INS	TITUTION					F BUSIN	ESS OR
Н			ING HOME OF											
2	13a. S		13b COUR		13c. CITY OR TOW	N	YES TX	NO				nt S	t.2	1202
7	14. FA	THER'S NAME				7	15. MOTHER	S MAIDEN NA		TV -	165			
и		PIRST			Trolling	ger		Unkr		DIE ,		LAS	T	
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	A	DDRESS			193	
		Unknown	(IF 12.5, O14	E WAR OR DATES!	218-76-	-376	Jeff	Peppe	er 808	Saint	Pa	ul S	tre	et
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), one	d IC			0 .	H.L.IXII		APPROXI	MATE INTE	RVAI D DEATH
					Cerebre	vasi	ulu	acci	dent			2	113	
				DUE TO, OF	R AS A CONSEQUE	NCE OF	1	, ,	, , ,			7		
		Conditions, if ony,		(b)_	longe	ishu	e he	urt p	reluve				105	
		couse (o), stoting underlying couse		DUE TO, OF								10	long	
	2	PART 2. OTHER SIGN	IIFICANT (ONDITIONS CO			NOT RELATE	TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN	PART II		
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2	CERTIFICATION	IN DATE OF OPERAL	ION	148. CONDI	TION FOR WHICH	OPERATIO	IN WAS PERF	DKWED		IN CERT	IFYING			TH?
3		21a. ACCIDENT WAS UND		110110 4		Y YEAR	21c HOW II	NJURY OCCURE	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I C	R PART 2)	of F	
7	CAL	OR CONTRIBUTING C		UH		19								
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						J. Larry					. 19			(we) lost
			d olive on lid (did no	ARACE S. DATE OF BIRTH S.		couses st	ated							
		226 SIGNATURE	Ti.	1				ATTENIONIO	MEDICAL	CTAFF	7	2c DATE	SIGNED	, ,
		15	Jan	eum		PUL		PHYSICIAN [21	17/	55
		22d. PHYSICIAN'S NA							- 00-	00 -				
		93 //	MLHE	RON			30,	1 5 37	PAUL 1	SHLT	mo			
	23a B	URIAL CREMATION, I	REMOVAL	23b DATE	100		EMETERY OR		23d. LOCATION	VE'.	COU	NIV	Ma	STATE
	ם	OKIML		2/27	(O) K	ing !	1emori	al Par	k Kanda	11sta	ar n		Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

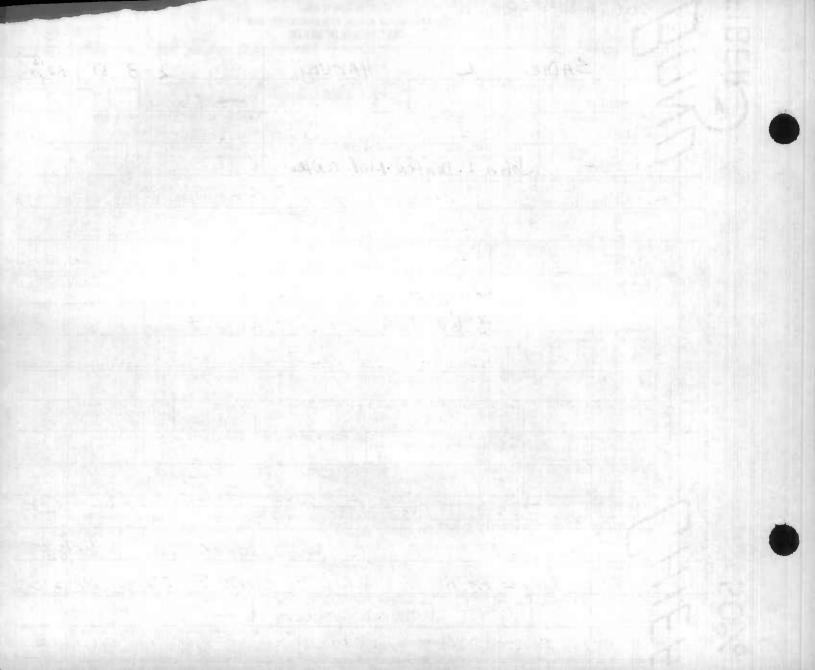
BP.

TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

24 FUNERAL DIRECTOR Wm CAMMarch F/H Inc. 1101ADDESS North Avenue

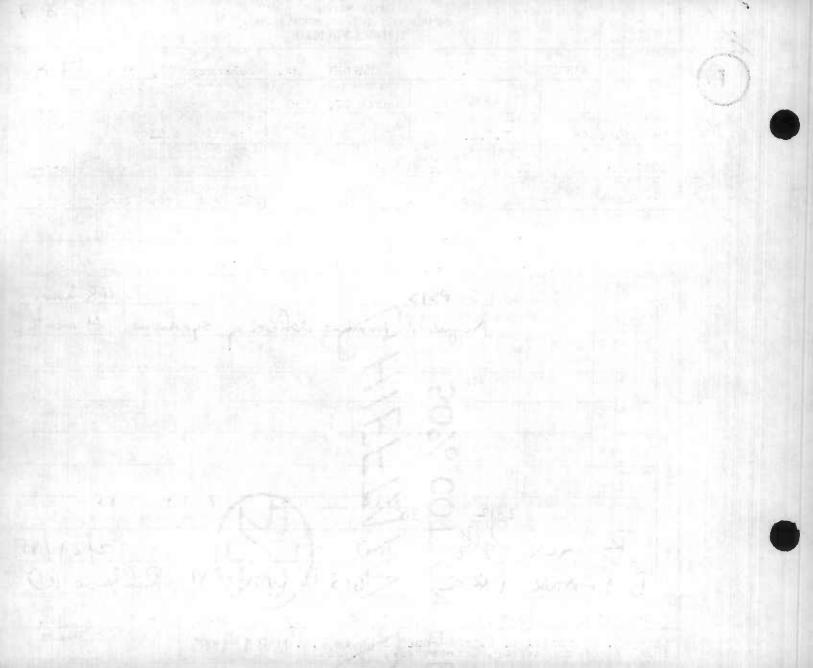
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FFR 26 1085 dicha Davidson-Randale





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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STATE OF MARYLAND DEPAR

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1		OR PRINTS			AST	20. DATE OF DEATH	"ONTH DA	Y YEAR	2b HOUR
Н	(Samue1	Simpson Hea	rn		Feb. 25 1	985		10:00A M
	3. SE X		4 RACE			6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
					29/05 ^{PAY} YEAR		YRS.	NTHS DAYS	HOURS MIN.
			Th CITIZEN OF WHAT C	OUNTRY?	DE VIENCED HADDIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH	
2		Maryland		WIDOWE	DIVORCED		more c	itv	MD.
0.	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	176. KIND O	F BUSINESS OR
1			319	Hawthorne	Road 21210				. Main.
5	13a. S	TATE 136 COUN	TY 13c. CIT	YORTOWN		319 Hawth	ZIP CODE	21210	
	14 FA				15. MOTHER'S MAIDEN N				
C				TAST				LAS	
				CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
	1 1			32 4060	Carmelita H	aarn cam	0		
					T COLINCIAL ON THE	Carr San		APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY:	0, 161, and 161	: H. + 11.	4			
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			DUE TO, OR AS A C	ONSEQUENCE OF				4	
			(b)						
			DUE TO OBASAC	ONISE OF THE NICE OF					
			DOE TO, OR AS A C	ONSECUENCEO					
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	Z	PART 2 OTHER STOTALE CANT C	O(P)	TING TO DEATH BUT	NOI RELATED TO THE TER	MINAL DISEASE OR CON	DIIION GIVEN	WIN PART HE	
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)	D	140 DATE OF OPERATION	198 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPST		NG CAUSES	
	E I		SAME FIRST MODE MATE MODE			YES		NO 🗌	
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		AT WORK		- /	1/0/112	7/	7	ac	
		22a.1 certify that (1) (this haspit	al) attended the decea	nd from	10/10	. 10 - 42	. 19		that (I) (we) last

Dr. Mark Dugan

22e ADDRESS

15 E. Biddle Street

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If he

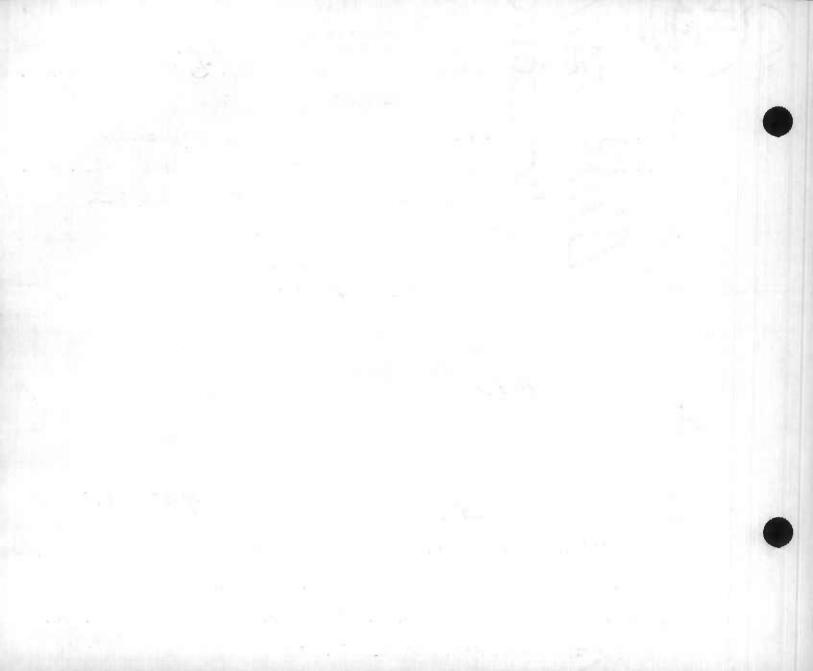
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23b. DATE

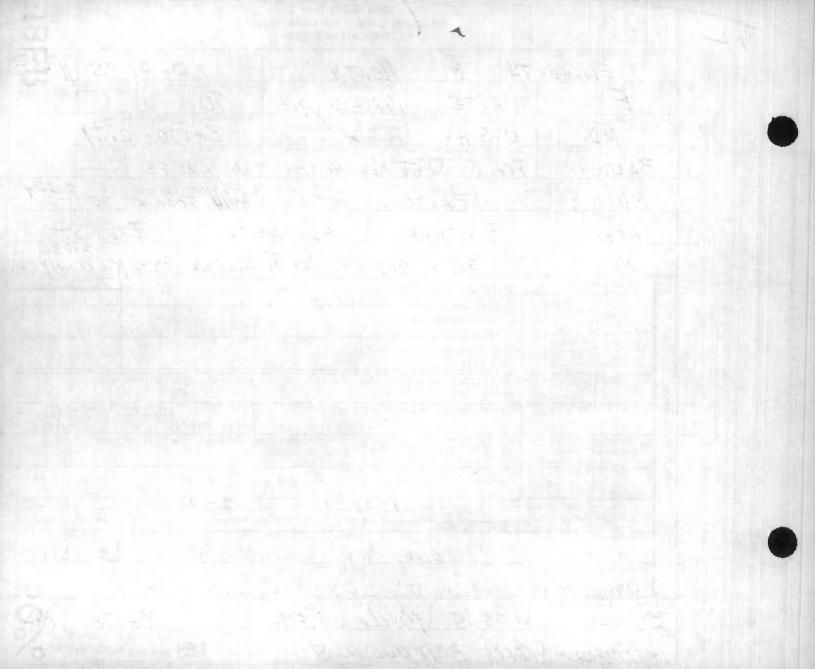
Burgee-Henss Funeral Home, 3631 Falls Rd.21211

Mt. Zion Church Cem. Highland Howard Co. Md.

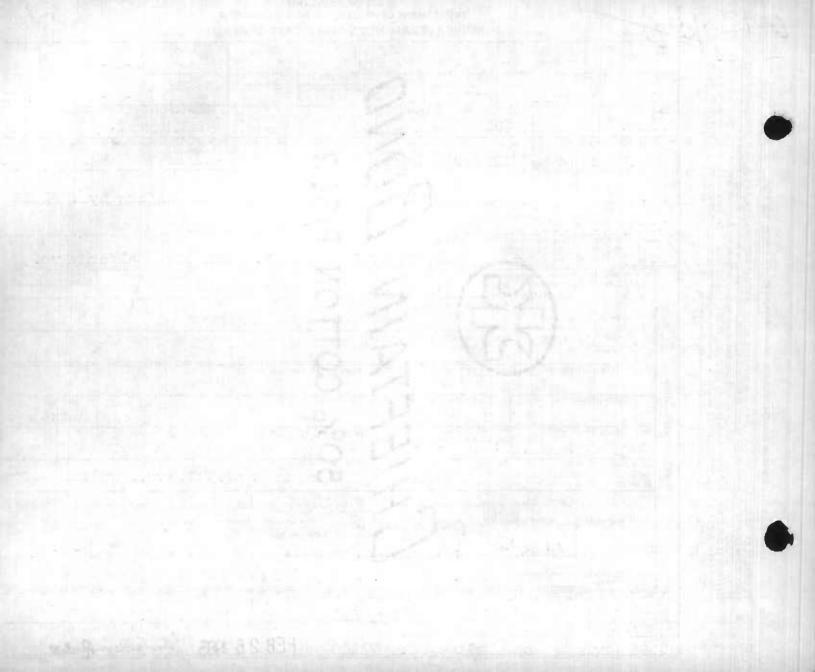
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		FOR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 5	0 4 3	4 6
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	o.	
		CEASED NAME FIRST ENTRY ELIZABE	ETA P.	HEATH			HOUR A
	3. SE		WHITE	S. DATE OF BIRTH MARCH 20 1914	6. AGE (IN YEARS LAST BIR)	MONTHS DAYS HOU	NDER 24 HRS URS MIN.
35		COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH	WC
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25	USU 130	AL RESIDENCE HE NURSING HOME OF STAJE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13 CITY OR TO	YES NO		ZIP CODE ST. 2.	1224
20	14 F	ATHER'S NAME LEV	MODILE BURTHE	R ELTZA	BETH	BLANDT	
all the same		WAS DECEASED EVER IN U.S. A YES, NO OF UNKNOWN)	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 2/8-/8	9807 CHARLES F.	HILBERG	8932 KILKEN	36 WYC
vent, the		PART I. DEATH WAS CAUS	only one cause per line for (0), (b), oseD BY: ATE CAUSE (0)	C Arrest		APPROXIMATE BETWEEN ONSET	AND DEATH
3 20 2		IMMEDIA	DUE TO, OR AS A CONSEQ				
orner rrou	Š	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF			
lury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I(a	
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	USED DEATH?
Hem 10 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
3	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
21 is mo		saw the deceased alive s	pital) attended the deceased from on19, nat) view the bady alter death.		to 2 – 2 / n death occurred an the do	ate and haur and from the cause	(I) (we) last es stated
T: If Hea		22b. SIGNATURE	N. Marke	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		1ED
MPORTANT		Jason H.	Gaskel 141	27e ADDRESS 637 5. (Cuklino	So	
_ ≥	230.	BURIAL, CREMATION, REMOVA	2-25-85 1236. DATE	NAME OF CEMETERY OF CREMATORY	23d. LOCATION O	BALTO	MO.
83	24 F	UNERAL DIRECTOR	CHOLAN 3 DORES	1/12 D COC 1 57 - 250 DA	FFB 2.5 1985	256 REGISTRAR'S SIGNATURE	ndell



	THEGISTRAR	FIRST	MED		S CERTIFICATE O	KEO.		
1	THE OFFICE	me	TIIV +	MIDDLE	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	TO 25 05	YEAR 26 HOUR
3.5	EΧ	4 RACE	5. DATE OF BIRTH	HECK		24 HRS. 2c. DATE	MONTH DAY	YEAR 2d HOUR
	ale	Cauc.	3/2/5	57 27 YRS.	MONTHS DAYS HOURS	PRONOUNCED DEAD	2-25-85	I T TONK
) B	BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	76. CITIZEN OF WH	N	ARRIED NEVER MARRIE	D X	YOR COUNTY OF DEA	ATH
10	CITY OR TOW	/	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR	OTHER INSTITUTION	120 USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	OR IN	OF BUSINESS IDUSTRY
US	Baltim WAL RESIDENCE	Ore LE (IF IN NURSING MOME OR	OTHER INSTITUTION, GIV	dman Avenue ERESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN		Fireman	Bal	to.City
	Md.	135 COUNT	Y	Balto.	13d INSIDE (ITY LIMITS?	13e STREET ADDRESS	fern Ave.	21213
14	FATHER'S NA	P. Heck	MIDDLE	LAST	15. MOTHER'S MAIDE! Maureen	NAME	LAS	
		SED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY NO		ADDRI	ESS	
L	No.	(IF 4ES, GIVE W	AR OR DATES	214-64-408	7 Harry P.	Heck, 4002	Balfern .	Ave.
,	gave couse lying o	ians, if ony, which rise to immediate (a) stating the <u>under-ouse last</u> .	(b) DUE TO, OR /	AS A CONSEQUENCE OF	d of head an			
, c	2		TIBL CONDIT	ION FOR WHICH OPERATIO				
FICATION	19a DATE	OF OPERATION	178. CONDIN	ON TON WHICH OF ENAME	IN WAS PERFORMED?		2D AU1	****
ICAL CEPTIFICATION		NAL CAUSE WAS NG XOR ITING CAUSE OF D	216. TIME OF 4:45AM	1NJURY 2-25-84 YEAR 2	self/inflicte) LENTER NATURE OF INJURY IN ITEM 2d	YES	SXX NO [
MEDICAL CERTIFICATION	CONTRIBUTE	NAL CAUSE WAS NG XOR ITING CAUSE OF DI YOCCURRED	216. TIME OF 4:45AM 21e PLACE O	INJURY 2-25-84 YEAR 2-25-84 9 FINJURY (ATHOME. 21	Ic. HOW INJURY OCCURRED	ed	YES	NO D
MEDICA	UNDERLITI CONTRIBL 21d INJUR WHILE AT WORK 22d I ce death res ACTUAL SIGNATUR (TYPE OR P	NAL CAUSE WAS NG	21b. TIME OF 49.45AM 21e. PLACE O STREET FACTO af the remoins described to the remoins described	M2NZ15DA84 YEAR 2NZ15DA84 PEAR 2NZ15	Self/inflicter LOCATION LOCATI	ed venue "Bait'imo	YES A 18 PART I OR PART 2) Te, Mary and ond in my opinion]	XX NO [



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

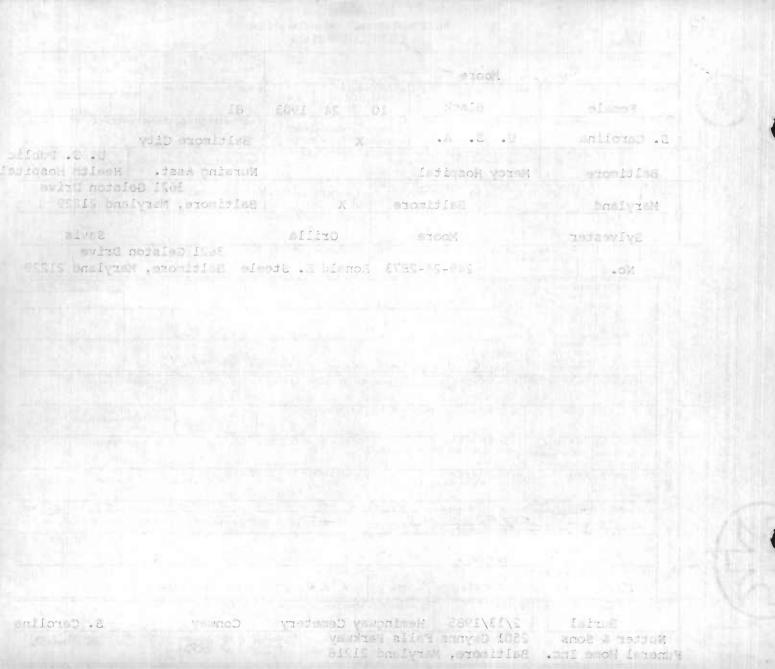
Julia Davidson Randalle

FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYG DEATH	IENE	REG. NO.		~ 0		
I DECEASED NAME FIRST	٨	MIDDLE	L.	AST		20 DATE O	FDEATH M	ONTH	DAY YEAR	26 HOUR	
FRANCIS ((FRANK)	EDWARD	HER	FESTAY		F	EBRU	200	16 1985	7:25A	- M
3. SEX	T4. RACE		5. DATE C		1	6 AGE (IN	YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 H	RS
1 MALE	CAU	CASIAN	12	22	1889		95	YRS	MONTHS DAYS	HOURS M	VIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER	MARRIED -	9 BALTIMO	DRE CITY OR	COUNTY	OF DEATH		
MARYLAND	U.	S.A.	WIDOWE		NORCED [BAL	TIMORE	CITY	7		MD.
10. CITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INS	MOITUTION		OCCUPATIO			F BUSINESS	OR
BALTIMORE	S'	T. AGNES	HOSP1	TAL	6539	11112 01 1101	HOUSE (STORI	E_
JOUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO.	UNTY	131 CITY OR TOW	N	13d INSIDE			ADDRESS / 2				
	TIMORE	LANSDOWN	IE	YES 🗌	NO X		TARTA	RIAN	COURT,	21227	
14 FATHER'S NAME	WIDDIE	IAST		15 MOTHER	S MAIDEN NA	ME	WIDDIE		1A5	1	
CHARLES		HEFESTA	Y	M	IARY	1	ELLEN		REAF	RDON	
160 WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES	SLITI	CLETON,	COLOR	ADO
(YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	217-05-1	980	FRANK	J. HEF	ESTAY					
18 CAUSE OF DEATH (Enter	nnly nne rouse ner	line for (a) (b) on	dicil							MATE INTERVAL	
PART I. DEATH WAS CAU	SED BY:	INFAR		OF 81	MALL AL	10 LARG	F.INT	ESTIN			
	DUE TO O	R AS A CONSEQUE	NCE OF								
Conditions, if ony, which	(b)			MBRU	5 OF S	UPERI	OR ME	SENTER	10 HETERS		
gove rise to immediate cause 101, stating the	10,	R AS A CONSEQUE							4		
underlying couse last.	DOE 10, OI	LA L	AD CA O	DIDI T	NFARCT	WITH	MURN	1600	ubac		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO									0	
	CONDITIONS CC	NATE OF THE OFFI	DEAIL BOT	NOTRECATE	DIO IIIE IERA	IIIAL DISEA.	SE ON COMP	IIION GI	EN INTAKT III		
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	Tiek COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRAKED	200 AUT	OPSY?	20h IF YE	S, WERE FINDIN	AGS LISED	-
DATE OF OFERATION	170 COND	ITIOI TOK WITHEIT	OFERATIO	THE STERM	SKIMED		/	IN CERTIF	FYING CAUSES	OF DEATH?	
<u> </u>		S In the inv		100 1100111		YES	NO		S	NO 🗌	_
	216. TIME O	M. MONTH DA	AY YEAR	ZIC HOW II	NJURY OCCURE	RED (ENTERN	ATURE OF INJURY	IN ITEM TS	PART I OR PART 2)		
I IF EITHER, NOTIFY MEDICAL EXAMIN		м.	19					100			11.4
OR CONTRIBUTING CAUSE OF E	21e. PLACE	OF INJURY	ARAA ETC)	211 LOCAT			CITY OR TOW	N	COUNTY	STATE	E
WHILE NOT WHILE AT WORK	(ATTHOME, STA	EET, FACTORT, OFFICE, F	mnm, ere j								
220 I certify that (1) (this has	spital) attended th	e deceased from_	FEB	15	19 8 5	to	FEB	16	19 85	that (we)	lost
sow the deceased alive		3.16 19 8	5 , 01	nd that in (my) (ow) opinian	death occurr	ed on the dot	e ond hou	ond from the	couses stated	d
obove, (I) (we) (did) (did- 22b, SIGNATURE	not) view the bady	atter death.		DEGREE					22c. DATE	SIGNED	
B. 1 1	mot		m	0	ATTENDING	MEDICAL				5/85	-
224 PHYSICIAN'S NAME (1YP	114100		111	22e ADDRE	PHYSICIAN [DIRECTOR	R PHYSICIA	ANIM	2/1	705	
R- A		0)				IOC DIE	AT 00	2 C	CAMON	********	
WERT	F. 1410	RTON			AGNES H			15.	CATON A	VENUE	
230 BURIAL, CREMATION, REMOVA	AL 236 DATE	23€ 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOC	ATION		COUNTY	STATE	
BURIAL	02-19	-85 M	OST HO	OLY REI	DEEMER		TIMORE	CITY		MARYL	
24 FUNERAL DIRECTOR			2:	1229	25a DAT	E REC'D. BY	REGISTRAR 2	Sb. REGIST	TRAR'S SIGNAT	URE	

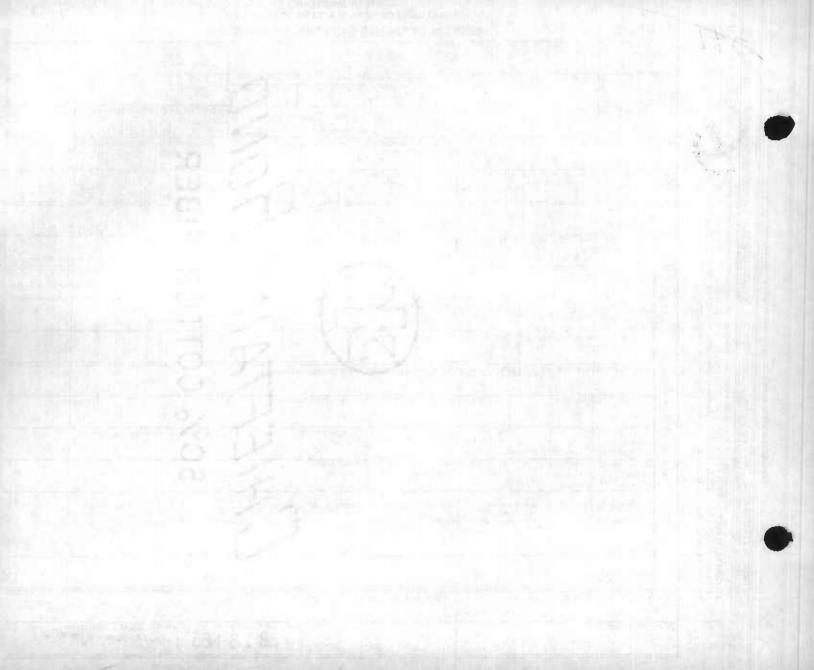
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

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			Argoni Magan		
			Argent Name		



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41.	STATE						AND MEN		**	63	624	0 4	, 0
110	REGISTRAR	FIRST	WEL	MIDGLE	EXAMIN		ERTIFICA	TE OF D		REG. NO	_		
	PE OR PRINT)			WIDGIE					20. DATE K	F211-			YEAR 26 HOL
3 SI		Edward		A.	6 AGE (IN YEA		ndrick			MATED [2/	11/	
			DATE OF BIRTH	YEAR	LAST BIRTHDA			JNDER 24 HI	PRONOUNG	CED	MONTH		8:3
	ale	black	3 25	28	56 YR	S.			DEAD		2/	11/19	
1	OREIGN COUNTRY)		7b. CITIZEN OF WH		TRY?	MARRIE	D X NEVER	MARRIED [9 BALTIMO	DRE CITY C	OR COUNT	Y OF DEAT	TH
	Virgin:		U.S.A			WIDOWE				imore			Α
10. 0	CITY OR TOWN	OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC			OR OTHE	R INSTITUTIO		USUAL OCCUPA		E OF WORK		OF BUSINESS DUSTRY
	Balti				ton St								
a	AL RESIDENCE	113b. COUNT	OTHER INSTITUTION, GIV		OR TOWN		3d INSIDE CITY LI	MITS? 13e. :	STREET ADDRES	S			
	Marylar	nd		Ba	1timo:	re	YES N		417 E.		ston	St.	21213
14.1	ATHER'S NAME		WIDGE		LAST		15. MOTHER'S FIRST		AME	DDLE		LAST	
	Malach			Hen	drick		Flore	ence				Pasc	hall
160.	YES, NO, OR UNKNO	EVER IN U.S. ARM			IAL SECURITY		17. INFORMAN	IT		ADDRESS	5		
	YES			226	-30-9	600	Nancy	P. D	avis16	14 A	shbu	rton	Stree
	IS CAUSE OF	DEATH (Enter only ATH WAS CAUSED	ns/			173	OU.	700				APPRO)	XIMATE INTERVAL
	T AKT TOE		CAUSE (a) A:	rteri	oscler	otic	Cardio	vascul	ar Dise	ase			
			DUE TO, OR	AS A CON	SEQUENCE C	F							
		s, if any, which e to immediate	(b)										
	lying caus	stating the <u>under</u> -		AS A CON	SEQUENCE C	F	1-11-						
	yang coo.	1031.	(c)		23.×.								
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LCE	UNDERLYING	OR	HOUR A.M.		DAY YEAR	ZIC. HO	W INJURY OC	CURRED (EN	ITER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PAR	₹1 2)	
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MED	WHILE	NOT WHILE IT	STREET, FACTO			21f LOC	ATION		CITY OR TOW	N	COL	UNTY	STATE
	WHILE AT WORK	AT WORK											
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	death resulte	d fram: Noturo	coupes X	Accident	, Suid	ide .	Homicide		determined mor	nner .			
	780000	4	1				TITLE (SPEC	IFY)					
	SIGNATURE_	XII	()			M.C	Assis	tant "	MEDICAL EXAMI	NER	DATE	2/12	2/85
	EXAMINER'S	NAME.	_										
	(TYPE OR PRIN	(it) Grego	ory R. Ka	uffma	an, M.D	·A	DDRESS	111	Penn St	- •			
23a.	BURIAL, CREMAT	ION, REMOVAL 231	DATE	23c. N	IAME OF CEM	ETERY OR	CREMATORY	(LOCATION CITY OR TOWN	0.76	COUN	1TY	STATE
1	BURIAL		2/15/850	Garr	ison	Fore	st VA		Owings		ls,		Md.
	UNERAL DIREC		ACCORESS				150.	DATE REC'D	BY REGISTRAR	25b. REGI	STRAR'S S	IGNATURE	all
	Vm C Ma	arch F/H	Inc. 1	101	E Nor	th A	ve.	EB 1	3 1985	7	- to (tages)		



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

L,	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ο.		
	CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH MONTH		DAY YEAR 26 HOUR	
(TYP	E OR PRINT)	BLANCH	B	E.	F	HENRY		FEB.	2 85	M
3. SE	X	4. RACE			5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
FEMALE		23	WHITE		MONTH 3 DAY 1891		93	YRS.		HOURS MIN.
7a. B	70. BIRTHPLACE (STATE ORFOREIGN 76 CITTZ		CITIZEN OF	TIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY OR			
1	MARYLAND		USA		WIDOWED DIVORCED		BALTIMORE CITY MC			MD.
BALTO. CITY			11. NAME OF HOSPITAL, NURSIN (IENOT IN SUCH FACILITY, GIVE STREET A 3800 Chesley				17a USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSEWLI	OST OF WORKING LIFE) INDUSTRY		
13a	JAL RESIDENCE IF NUR STATE MARYLAND	136 COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOW BALTIMOL		13d INSIDE CITY LIMITS?	3800 Chesi	ey Av	e.Balto	.,Md.2120
14 F	ATHER'S NAME Willia	n MIDE	DIE	Langville	9	15. MOTHER'S MAIDEN NA Märgare			Thomas	đ
	WAS DECEASED EVER [YES, NO OR UNKNOWN]	(IF YES, GIVE W		216-05-8		Beverly L.	Kahler 380		esley Av	e. 21206
	Conditions, if ony gave rise to im couse to1, statiunderlying couse	mediate ng the	DUE TO, O	R AS A CONSEQUE	net	Isdu	a Cent	e e	ises	0_
NO	PART 2 OTHER SIG	NIFICANT CON	pitions <u>co</u>		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION G	IVEN IN PART 1	0
CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d INJURY OCCUR	HILE	(AT HOME STREET, FACTORY, OFFICE, FA			ZII. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	220 I certify that (I sow the decear	sed alive on		19		nd that in (my) (our) opinion				that (I) (we) last couses stated
	obove, (1) (we)	did) (did not) vi	the body	ofter death.		DEGREE ATTENDING	MEDICAL STA		22c. DATE	SIGNED

BP. DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR FUNCERM (VRA 15, 4)

226 PHYSICIAN'S NAME (TYPE OF PRINT)

73a. BURIAL, CREMATION, REMOVAL

Burial

Gracito Patricio, M.D.

2-6-85

23b. DATE

ADDRESS + 01 Belme Ed. 13 ALTO Mb. 21286

(254 - 0392)

22e ADDRESS

23d LOCATION Baltimore 231. NAME OF CEMETERY OR CREMATORY Western Cemetery

2926 E. Cold Spring Lane

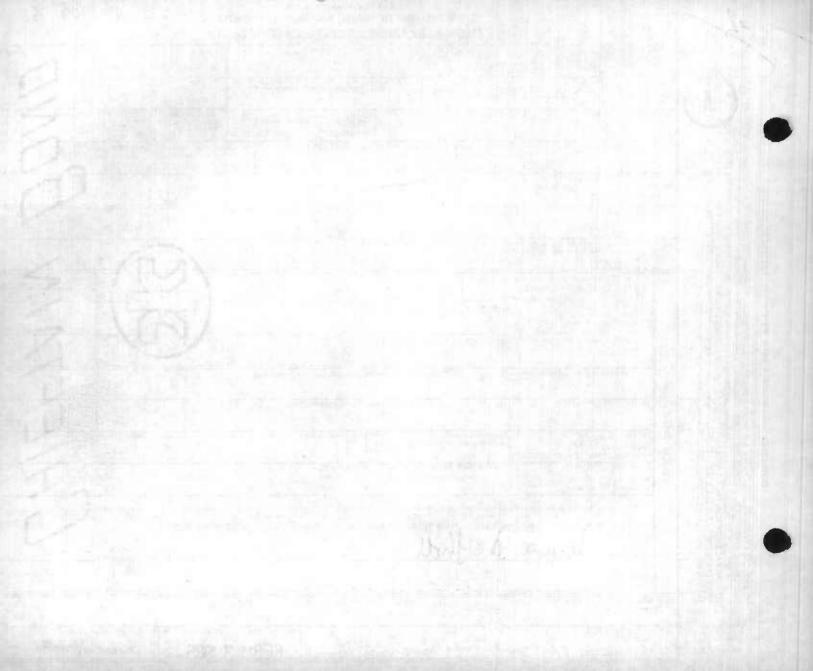
Maryland

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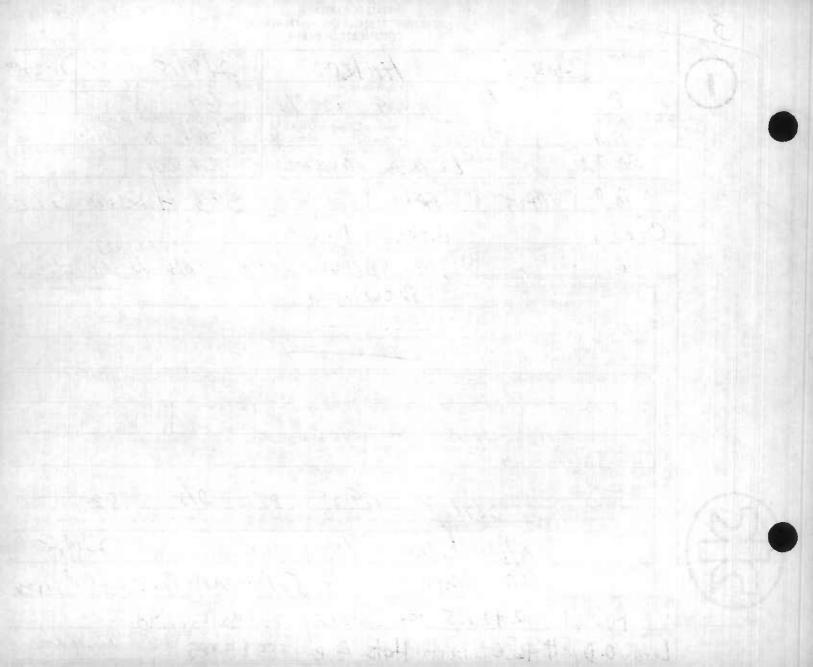
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soul - 3000 mestey Ave, 2120s	.u gittudalı	LBAYE-EU-B	The state of		
d spying hane seasod. 21224					
haulgen ugostales	7297 esk	Sus mastrase	30-0-2		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TY MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED HESTER ELIZABETH 4. RACE A AGE (IN YEARS IF UNDER 24 HRS 2r DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Black 20 Female 24 2-10-85. 3:52P 60 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Baltimore City Virginia U.S.A. WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Bon Secour Hospital Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore NO [Parrish St. 21223 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST EIRST William Harris Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 214-44-2816 Unknown Sidney Hester 211 S. Parrish St 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION E DEPARTMENT OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART TOR PART 20 HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE & SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 220. I certify that I took charge of the remains described above, held on Autopsy Hamicide Undetermined manner Natural cous TITLE (SPECIFY) DATE 2-11-85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell. M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE BURIAL 2/15/85 Cedar Hill Cemetery Anne Arundel 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Letin Davidson-Rondon C March F/H Inc. 1101 E North Avenue (VR A15 ME (5))

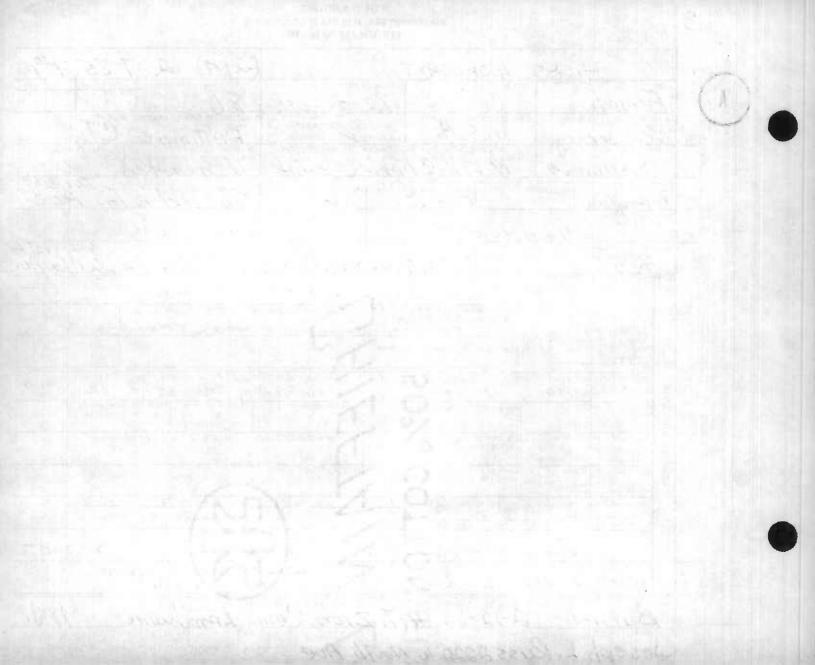


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3	+	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE O D	0 4 3) 4
(1)		CEASED NAME PRINT)	ALL MIDDLE	HCKS S. DATE OF BIRTH	20. DATE OF DEATH	MONTH DAY YEAR MOAY) IF UNDER 1 YEAR	26. HOUR 11: 37/
\mathbf{C}		14	13	12 YEAR 9	9. BALTIMORE CITY OF	YRS. MONTHS DAYS	HOURS MIN.
35		country) md.	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALL	nose City	MD
by the fune filed within	10. €	TY OR TOWN OF DEATH	I NE OF HOSPITAL, NURSIN	ADDRESS) ADDRESS) ADDRESS) ADDRESS)	128. USUAL OCCUPATIO	WORKING HEEL INDUSTRY	OF BUSINESS OR
should be er must be	13a. :	AL RESIDENCE (IF NURS	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDECITY LIMITS? YES D NO D	13. STREET 4008ESS	40plen	12/28
Ord 2 sh	14. F.	ATHER'S NAME	NDDLE HIST	15. MOTHER'S MAIDEN NA	ME	LA	ST
rs. Poges 1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU		ADZ 181	0 (515ter)	water &
our injury, or other traumotic event, the	VIION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause ioi, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		AINAL DISEASE OR COND	ITION GIVEN IN PART 1	
pe Je	CERTIFICATION				YES NO	IN CERTIFYING CAUSES	
and Mental Hygie ed or Item 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DA 21a PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 216 LOCATION	CITY OR TOV		STATE
if Health o		22e.1 certify that (1) (this hospit- sow the deceased alive on above, (1) (we) (did) (did not	11/1/19	and that in (my) (our) opinion	death occurred on the do	te and hour and from the	that (I) (we) last couses stated
should be detached for with the State Dept. of He		22b. SIGNATURE	Much	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF	AN []	SIGNED (
should be with the S		224 PHYSICIAN'S NAME (TYPE	mme opys	90511	BATMA A	THE ECH	drim
~ ~ ~		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c. 1 2-12-85 N	NAME OF CEMETERY OR CREMATORY + Calvary Cen	Ballocation	Md. COUNTY	STATE
5 50M 4/82 15, 4)	1/	UNERAL DIRECTOR	1600 Libertol	Hots AUR FF	B 1 5 1985		fandell.



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т. ф.		ECEASED NAME FIRST MODILE LAST (2/7) HICKS, MARGARET (2/7)	2 7 85 9 P
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uted with		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AD	E LAST
cion ond c ers. Poges il.		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-14-7602 Mrs. Ruth Hicks 632	DRESS 21217 15T 3 N. CARROLLOW AC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
not the death certifica by the attending physise remove corban pay i, cremotion, or remove other troumatic event			BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH AGLIGNEN AGLIGNEN BETWEEN ONSET AND DEATH
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The low cron.	CERTIFICATION	YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	IN CERTIFYING CAUSES OF DEATH? YES NO
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the hospital of the hospital is much a filter with the hospital		sow the deceased alive on 2-7-19 , and that in (my) (our) apinion death occurred on the above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL S	TAFF 22 DATE SIGNED
HOSPITA HOSPITA FUNERA Suld be de the State PORTANT		22d PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 4766 HANFON	JICIAIT L
BP	L	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CEM. LANGE	Louve myst.
DHMH - 16 50M 4/B2 (VRA 15, 4)		FINERAL DIRECTOR SAME OFFICE OF THE PROPERTY	AR 25b. REGISTRAR'S SIGNATURE



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	FOR STATE REGISTRAR			DEPARTA	STATE OF MENT OF HEAD CERTIFICA		ENTAL HYG	IENE B	REG. NO.	0	4 3	5 /
1. C	DECEASED NAME YPE OR PRINT)	Wil	lam	MIDDLE .	Hi	Iken	JK.	26 DATE O	F DEATH M	2/17/8	45 YEAR	2. 60 am
3 5	SEX		4. RACE		5. DATE OF B	IRTH	YEAR	6. AGE (IN	YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS
	Male		Cauc		3	10	1901	83		YRS.		
7a	BIRTHPLACE (STA	TE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER M.	ARRIED 🗆	9 BALTIMO	ORE CITY OR	COUNTY O	FDEATH	10.00
2	Maryla		U.S.		WIDOWED	DIVO	ORCED		ltimor		У	MD.
/ 100	Baltin		(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET Key Med.	ADDRESS)		TUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF V		12b. KIND O INDUSTRY	F BUSINESS OR
	UAL RESIDENCE (S. STATE Mary la	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baktim	N 113d	I. INSIDE CIT			ADDRESS / :			lto., Md 2122
14.	FATHER'S NAME FIRST Will		MIDDLE	Hilker			MAIDEN NA/		WIDDIE		LAS	
160	WAS DECEASED (YES, NO OR UNKNOW NO	EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 216-05-	IRITY NO. 17	INFORMAN		ilker	ADDRES:	OTIZ	o., Md	iew Way 21224
2		immediate stating the cause last.	(c)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ENCE OF	laryn	glad	CAE	airus			
Ō						T RELATED 1	O THE TERM	INAL DISEAS	SE OR CONDI	ITION GIVEN	I IN PARE TO	3
FICA	19a DATE OF O	PERATION	19b COND	ITION FOR WHICH				20a AUT	OPSY?	20b IF YES, W	WERE FINDIN	IGS USED OF DEATH?
MEDICAL CERTIFICATION	OR CONTRIBUTION [FEITHER NOTIF 21d INJURY OC	AS UNDERLYING CONTROL OF DIESE	21b. TIME C HOUR A. ER) P.		OPERATION VI	AS PERFOR	MED URY OCCURR	20a AUT	OPSY?	206 IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART	WERE FINDIN NG CAUSES	IGS USED
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Sacred Heart Of Mary

DHMH - 16 50M 4/83 (VRA 15, 4)

Walter Dabrowski - 1005 Dundalk Ave. 21224

2/18/85

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

FEB 2 0 1985 Landon Art

23d LOCATION

Baltimore, Md.

Also the property of the prope

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STATE OF MARYLAND

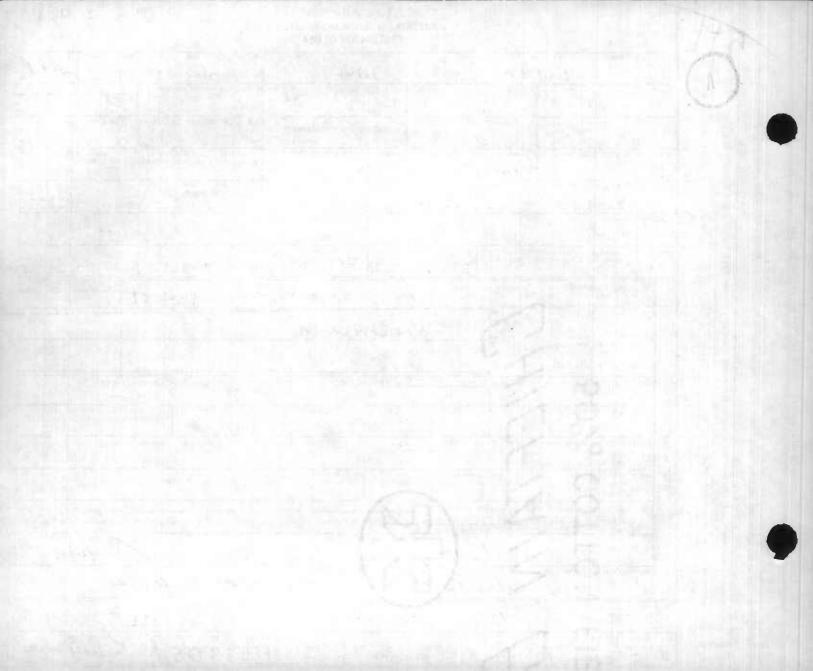
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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New Windsor.

(VRA 15, 4)

Line Tos Chil A second depends of a good well livered backwais John Herbert Jackson Clevia Strice Inde or Mandson, 151. 2/9/1965 35. Jones Con. New Tideor, Miryland Lelent . M. goodan' its.

Harry H Witzke 4112 Columbia RdEllicott City

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

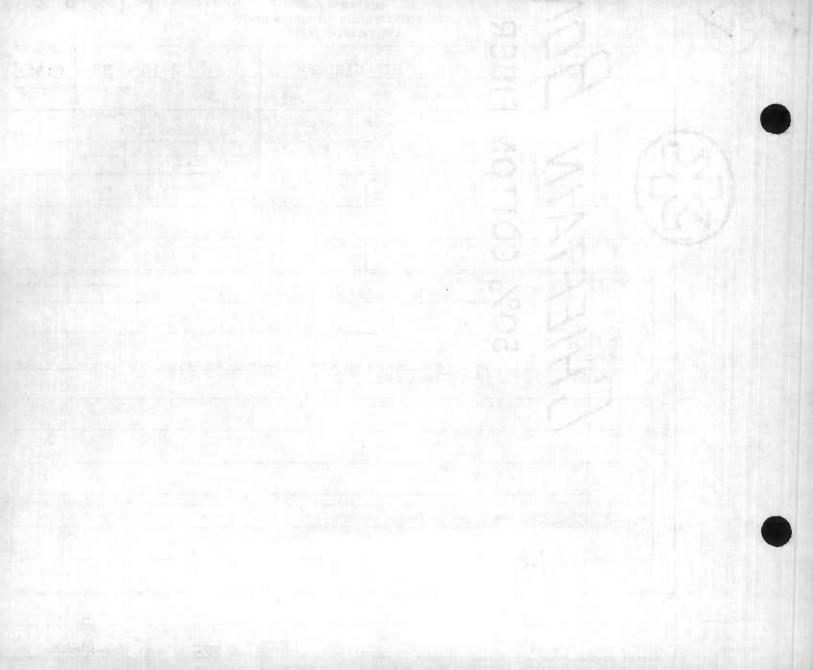
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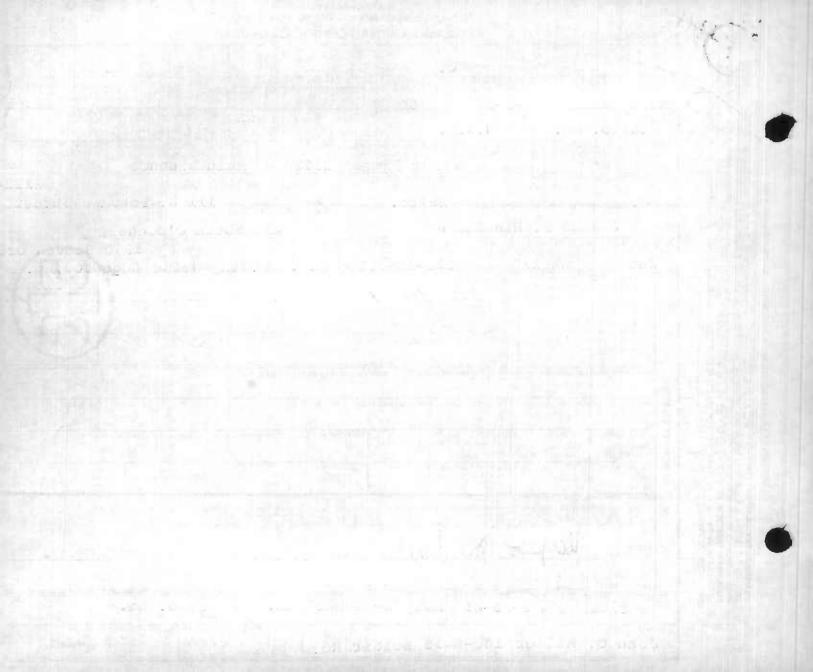
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REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN TX MONTH 26 HOUR OF ESTI-J. IL III ACE IE LINDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED DEAD 2-10-859 8:4 M Male White CITIZEN OF WHAT COUNTRY? & BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEXX Balto. Md. U.S.A. WIDOWED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 201 W O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore Potomac Street Maintainence 21224 21224 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Md. Balto N. Potomac Street T. PAGES 1 AND 2 SH DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Julius F. Elizabeth O'Donnell ADDRESS 1940 Steven Dr. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES) 218-12-3020 WW II Yes Dorothy Weide Edgewood, Md CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN OSET ON THE PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULE E DEPARTMENT OF HE 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES [NOX X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. III. LOCATION 714 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3: AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK Inspection X 27a. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 5-85 HOTY OF REDEEN SEMATCHEM. Md COUNTY STATE 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Jöhn C. Miller Inc. 6415 Belair Rd. **DHMH - 17** (VR A15 ME (5))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	ın	REG. NO.		3000		
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1		HULB	P.	MADDEN	5 12		REFLEC	SLE		PKIM	06		
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		UNERAL DIRECTOR	SOL	LEVINSO	N & BR	OS.			REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	TURE	
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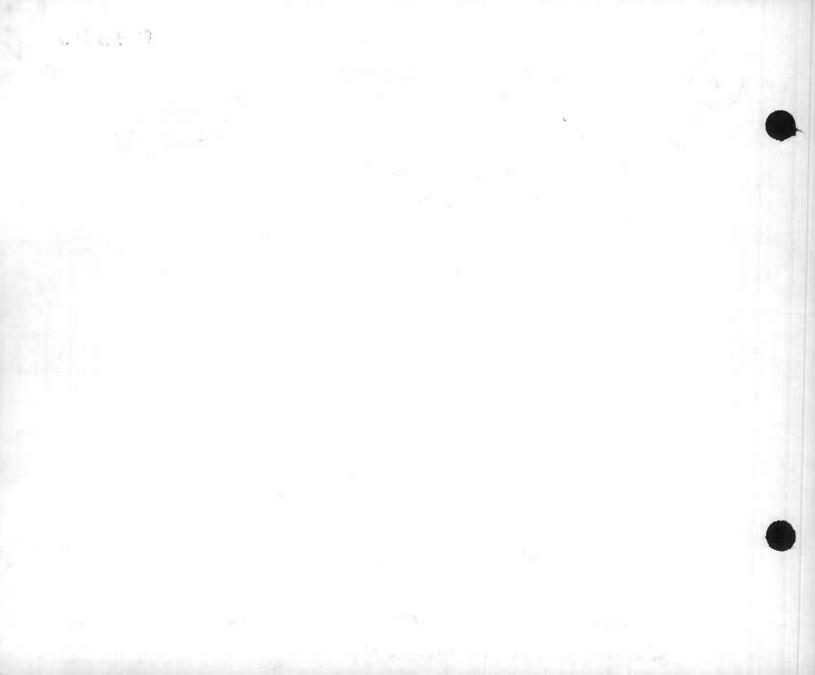
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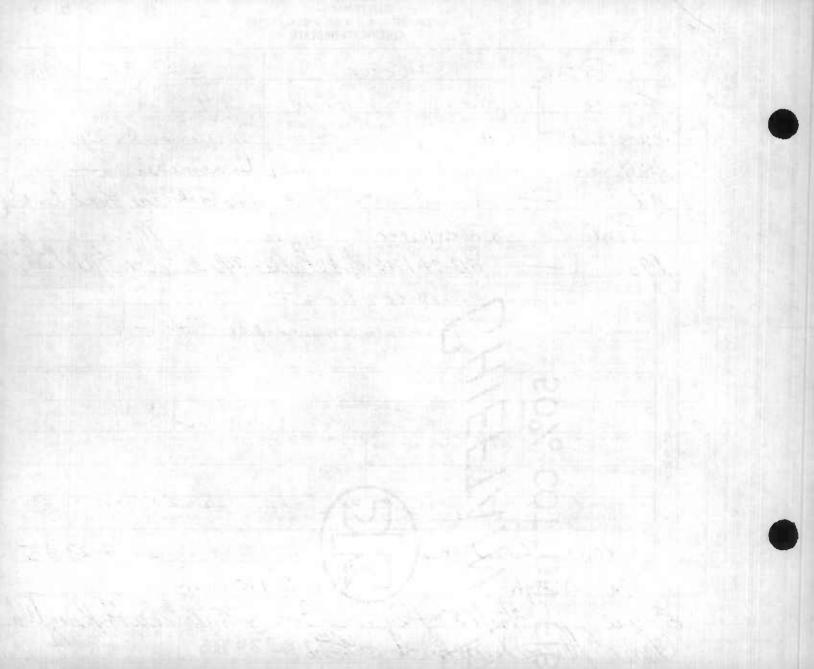
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the haspital at attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct
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21			5	STATE OF MARYLAND	8 20689	92400
8	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	4366
		EASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1		Doro		itchcock	2	7 85 7:15
/	3 SEX	Female	Negro	5. DATE OF BIRTH DAY DAY 1926	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	R. BI	RTHPLACE (S OF CONTORING	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	
10		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE St. Agnes Ho	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (1YPF OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
10	USU/		OTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION) 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP-COD	
9	1.17	THERS NAME	MIDDLE / RAST	YES NO I		irmont Hue
00	lán V	VAS DE MISED EVER IN U.S. AR	R /19/	URITY NO. 17 INFORMANT	RICE ADDRESS BY	11/1/Ams
			VE WAR OR DATES) 214-22	9433 Mrs. Victor	in GREENE 3	125 PASS Rd.
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		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF Line (Them Deans	3/2
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		sow the deceased alive or		*1	death occurred on the date and had	u and from the causes stated
		27b. SICHATURE	ot) view the body ofter death	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22 DATI SIGNED
1		224 PHYSICIANS NAME (1994)	Jan X BAR	27e. ADDRESS	400	
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		BURL 174	2-11-85	BALTIMORE CEM	BALTI MORA	COUNTY
3		INERAL DIRECTOR	2222 W. Nores		TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
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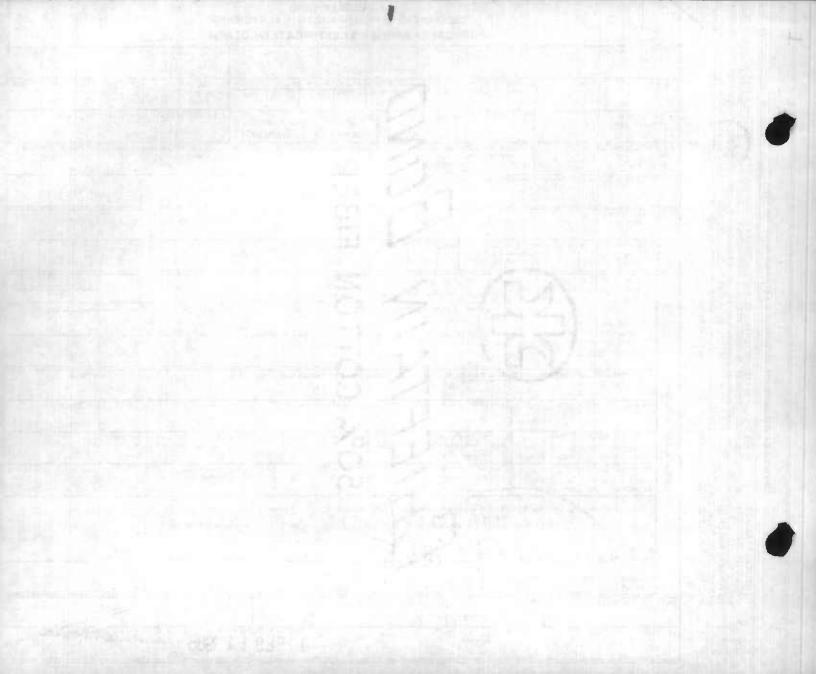
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	TYPE	DR PRINT)	MAY	HOFFMAN		2 26	85 1:56
3.	SEX	F	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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1		BALTO	ST AGENTY, GIVE STREET A	HOSP.	FARME	OF WORKING LIFE) IND	DUSTRY
	30. S	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE IN 13t. CITY OR TOWN CATONS	ADMISSION) 13d INSIDE CITY LIMITS? YES NO NO	13 STREET ADDRESS	OWER	SEAN
	FA	THER'S NAME	DOLE RIMM	15. MOTHER'S MAIDEN NA	AME	VEIT	T4
16	6a W		ED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDR	ESS 203	8
2	(4	(IF YES, GIVE	WAR OR DATES) 8,70.04.	5928 JOHN HOFFI	MAIN POW	ERS L	-AIYE
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and	IC I			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR			
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			al) attended the deceased from_	, 19	, to	. 19	, that (I) (we) la
1		saw the deceased alive on above, (1) (we) (did) (did nat)	view the body after death.	, and that in (my) (our) apinion	death occurred on the d	ate and have and fr	om the causes stated
	33	TZE SIGNATURE	-/	DEGREE	WEDICAL STA		L DATE SIGNED
		James ? 1	under		MEDICAL STA	CIAN	2/26/85
	34	124 PHES JAN'S NAME THE OR		27e ADDRESS	1 -	. 1	
		JAMES E	1 AYLOR,1	n.D 57.1	TONES	HOSPITA	AC.
23	30 B	URIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUN	ey the salate
L	Bo	VILIAL	3/1/83 W	DOULHUN	BALTO		112,
2	4 FU	NERAL DIRECTOR	ADDRESS	5311 25a DA		756. REGISTRAR'S	SIGNATURE Rando M
	W	EBER FUNERA	LHOME EDMO	NDSON AVE	LER 7 & 1885	}	
2	4 FU	NERAL DIRECTOR BER FUNERA	LHOME EDMO	5311 NDSON AVE 250 DA	TEB 2 8 1985		SIGNATURE Hands

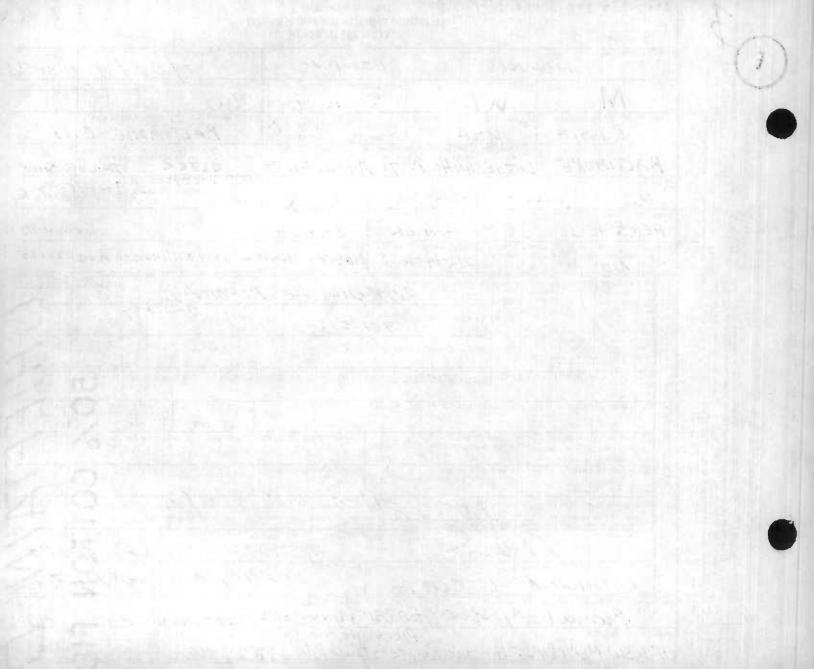
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	1		FOR		D	EPARTMEN	STATE OF A	ARYLAND AND MEN	ITAL HYGIEN	NEO 5	0	4 3	7 2
+	11		STATE REGISTRAR				MINER'S			ATL	REG. NO.		
			CEASED NAM	E FIRST		WIDDIE		LAST		20 DATE KNO	WN X MON	NTH DAY YE	AR 26 HOUR
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	PI, PIEASE DIRECTOR. DUR FILES. 72 HOURS NN STREET,	3. SE >	Male	Black	5 DATE OF BIRTH	To or		DER TYR. IF	UNDER 24 HRS.	PRONOUNCED DEAD	MÓN!	2 9 198	2d HOUR
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_	[銀銀]	10 CI	ITY OR TOWN	OF DEATH	11. NAME OF HOSP		HOME, OR OTH		ON 120. US	SUAL OCCUPATION	ON (TYPE OF WO	ORK 126. KIND OF	MD F BUSINESS
1	30500		Balti	more	(IF NOT IN SUCH FACE 2422		y Street		FOR	MOST OF WORKING	(IFE)	OR INDU	JSTRY
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E, MD.	00 ES 23.2	14. FATHER'S NAME FIRST MIDDLE NAME CARTIE								LAST			
BALTIMORE, MD. 2120	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NONDUNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 215-12-5201 Helen Moyen 18 CAUSE OF DEATH (Enter only one squise per line for (a) (b) and (c))										DDRESS E. Ea	ager St	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8	HOULD BE EXECUTED WITHIN 24 HOURS RD "PENDING" IN PENCIL IN ITEM 18 G HIEF MEDICAL EXAMINER ADDICE WIT USED AS A BURIAL - TRANST THE TO OF HEALTH AND MENTAL HYGHE DI RIAL, CREMATION, OR REMOVAL.		Candition gave ri cause (a) lying cau	IMMEDIAT ns, if ony, which se to immediate) stating the <u>under</u> - use lost.	DUE TO, OR A	erioscl s a consequ s a consequ	erotic c JENCE OF JENCE OF			disease			MATE INTERVAL INSET AND DEATH
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ON OF VI	MNER: THIS CERTIFICATE SHO FICATE, WRITING THE WORD EF CORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE US THE STATE DEPARTMENT OF	CAL CERTI	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.M.	MONTH DAY	YEAR 19		CCURRED (ENTER	R NATURE OF INJURY IN	N ITEM 18 PART TO	YES [□ мо 🕅
DIVISI	HIS CERT WRITING VARDED AGE 3 SH AGE 1201 PR	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF STREET, FACTO	FINJURY (AT) RY, FARM, ETC.)		CATION TREET		CITY OR TOWN		COUNTY	STATE
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2	33.00	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Th	nomas D. Sn		Suicide M	Homicide TITLE (SPEC DACTING ADDRESS 11	cury) I Chiefue Il Penn	Inquiry Inquiry Inquiry Inquiry Inquiry Inquire Inquir	R DA Sic	ATE 2/1	0/85
07/84 25M	BP	(5	Buri	TION, REMOVAL 2	2/15/85		of CEMETERY O	Ceme		ocation Bartim			STATE
*2141	DHMH - 17 (VR A15 ME (5))	Z4 FI	Wm . C		F/H 110	1 E. I	North A	ve.	FEB 1	REGISTRAR 25	HEGISTRAR	3 SIGNATURAL	ماكليه



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ge 4 ma)	3 SE		Whit	S. DATE C	0F BIRTH 16 1921	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEA				
Po Po	1	RTHPLACE ISTATE OR FOREIGN 7 COUNTRY) EW Jersey	U.S.A.	MARRIE WIDOWE	NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City				
by the full		Itimore	NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GO Mercy Hosp	VE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	ON 126 KIND F WORKING LIFE) INDUSTRY	12b KIND OF BUSINESS OR INDUSTRY Homemaker			
24 hours	130 5		THER INSTITUTION GIVE RESIDEN		138 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE				
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n ond cor		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCI	24-1558	17 INFORMANT	strander 14	Ferndale	,Md.2106			
th certificate be nating physicia corbonpapers, or remaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	piraton	1 feedene		APPRO	DXIMATE INTERVAL N ONSET AND DEATH			
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requires	MION	PART 2. OTHER SIGNIFICANT CO	TIPS CONDITION FOR		C I The state of	MINAL DISEASE OR CONE	DITION GIVEN IN PART I				
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SiCIAN: Tog physici og physici certificate riol-tronsi ental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON	TH DAY YEAR	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART 1 OR PART 2)				
offendir free this as the but th and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE			
ATTENDII spitol or CTOR. A Mfor use of Heoli			2 - 1))	19 <u>85</u> , ar	nd that in (my) (our) apinia	n death accurred on the do	ite and have and from th	, that (1) (we) last he causes stated			
TAL OK y the ho y the ho RAL DIRE detoched		1	went a	when	THISICIAN	MEDICAL STAF	F _ 11	hes signed			
TO HOSPITAL TO FUNERAL I should be deto with the SHE		STUDRE !	JACOBS	MY	30/St. Pa		it, md.	21205			
BP		Burial Burial	23b DATE 2-15-85	Crowns	EMETERY OR CREMATORY VIILE	23d LOCATION Crownsv	ille AMA.	Mdiale			
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	k Glen Bur	ooress nie Md	21061	B1 3.00	yuka dandson	Pindello			

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 149002 REGISTRAR 1. DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-1,0 85 DEATH MATED Lerov Howard death 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY) 6:40 PRONOUNCED 191d DEAD 1 19 85 Male Black Sept. 28 74 YRS ам 70. BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City, North Carolina WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Church Hospital School 1 Baltimore Engineer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS .Office Baltimore 1529 N. Caroline St. 21213 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDIS FIRST LAST MIDDLE Andrew Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO E. DIVISION Σ 216-03-1488 Mrs. Beulah Howard 1529 N. Caroline St. by 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) URIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cranio cerebral trauma destroyed DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last USED AS A BURIV PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION orig 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BE 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 Certif HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 2 unknown 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE unknown unknown AAutopsy Inspection and in my opinion Undetermined manner X death resulted from Homicide TITLE (SPECIFY) ACTUAL MORE N MACTING Chief MEDICAL EXAMINER DATE SIGNED 5/27/85 SIGNATURE re-issued EXAMINER'S NAME AFTER I Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION Cedar Hill 2-6-85 Mt. Calvary Cemetery Burial Anne Arundel 07/84 BP

25M **DHMH - 17**

(VR A15 ME (5))

24 FUNERAL DIRECTOR

Randolph J. Collick

2431 E. Oliver Street

May 8 is 185 , file other to make holder

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

To DATE OF DEATH MONTH 7h HOUR February 28, 1985 Howard IF UNDER 1 SEAR DATE OF BIRTH ACIE ENTYERES LAST BIRTHDAYS MONTH 1518 1906 78 I BALTIMORE CITY OR COUNTY OF DEATH

White IS CITIZEN OF WHAT COUNTRY! MARRIED ALEVER MARRIED U.S.A. WIDOWEDKX DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore City Francis Scott Key Medical Center

LISE INSIDE CITY LIMITS?

NO F

15 MOTHER'S MAIDEN NAME

PRST

Alice

LITTER OF WORK FOR MOST OF WORKING LIFE. Housewife.

13e STREET ADDRESS / ZIP CODE 1108 S. Decker Avenue

ITE KIND OF BUSINESS OR

INDUSTRY

LASE Thamert 186 SOCIAL SECURITY NO.

UK CITY OR TOWN

Baltimore

17. INFORMANT 212-01-9610

Thomas F. Howard

MEDDLE

8109 Park Haven Road Balto., MD. 21222

Harley

Conditions, if any, which gave rise to immediate couse to), ifoling the underlying couse last.

PART I. DEATH WAS CAUSED BY

FOR

- STATE

THRE GERENJI

RECUSTRAR

Mildred

17h COUNTY

MIDDLE

I OF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE (0)

4 PACE

DECEASED NAME

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, PACTORY, OFFICE, FARM, 87C. I

A CONSEQUENCE OF

16. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER BIGGREGICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL POPAGE OF CONDITION GIVEN IN PART TO

76n AUTOPSYT NOT

THE HOW INJURY OCCURRED. (SMITS WITHOUT OF PURIET OF THE 18, SAFT 1 OR FAST TO

28h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES

The accident was undekning 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR DE CONTRIBUTING CAUSE DE DEATH OF EXTREM PARTIES MEDICAL EXAMINERS. P.M 214 INJURY OCCURRED He PLACE OF INJURY

19

TH LOCATION

city DE TOWN

COUNTY

AT WORK

22e ADDRESS

ATTENDING!

MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN

and that in (my) court opinion death accurred on the date and hour and from the couses stated

72L DATE SIGNED

Theodore T. Nesnick, M.D.

13b DATE

429 S. Chester Street 73c NAME OF CEMETERY OR CREMATORY Gardens Of Faith

134 LOCATION

COUNTY

3/4/1985 Burial M FUNERAL DIRECTOR Duda-Ruck, Inc.

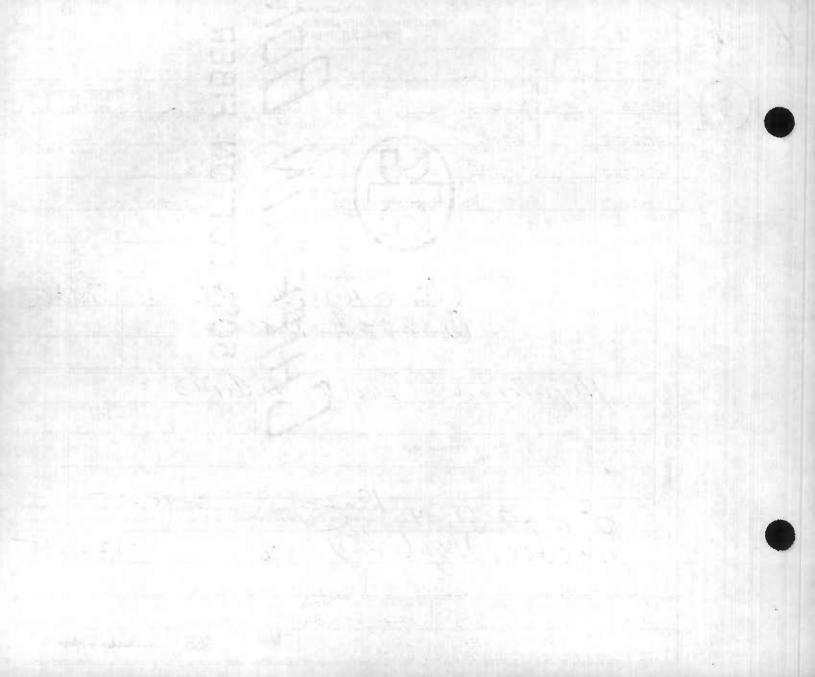
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Dundalk, MD. 21222

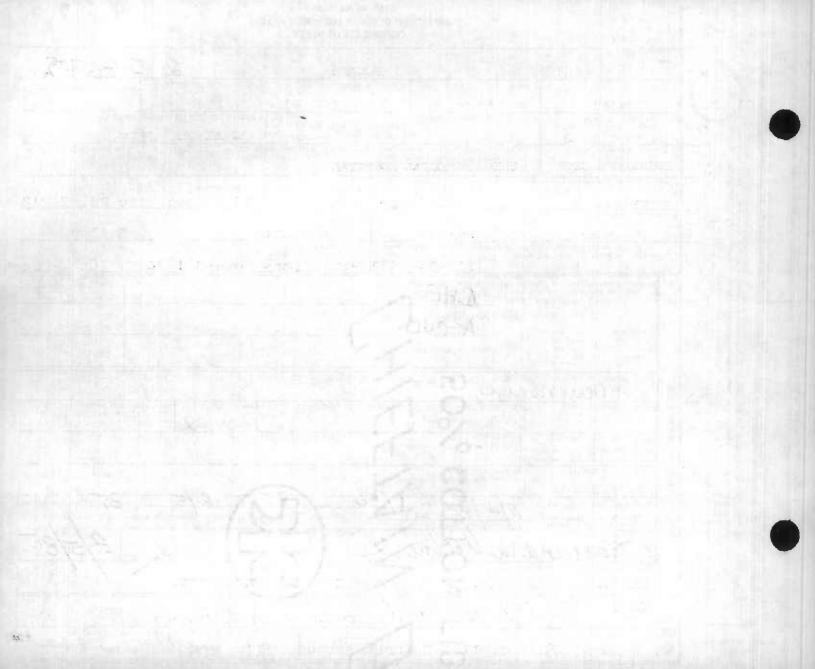
Baltimore

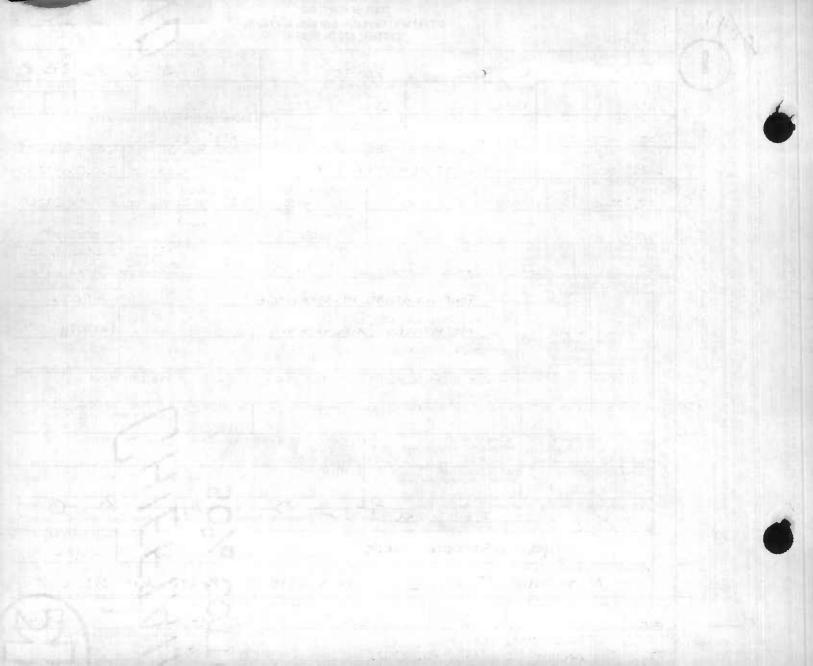
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DHMH - 16 60M 7/84 (VRA 15, 4)



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DHMH - 16 60M 7/84

(VRA 15, 4)

1	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1		CEASED NAME FIRST	WIDDIE	41	AST	20. DATE OF DEATH MONTH		HOUR					
0		THOMAS	S	Hou	JELL	07	- 03 85 11	: 20 p					
	3. SE	× M	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU	NDER 24 HRS					
		1-1	W	MONTH		74	YRS MONTHS DAYS HOU	IKS WIN.					
21	7a. B		CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR CO							
20	1	COUNTRY BALTIFICE	USA	WIDOWE	DENEVER MARRIED DIVORCED	BALTIMOR	E CITY	W					
300	15.5	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUS	SINESS OF					
30	1	BALTIMORE	UNIV. OF MAR	CYLAND	MED. SYSTEM	RETIRED	FURNIT	TURE					
21		AL RESIDENCE (IF NURSING HOME OR O			134 INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP	21207						
20		MD BAL	MORE BALTI	MORE	YES NO X	3605 YENNA	R LANE A	PT. B					
80	14. F.	ATHER'S NAME	IDDLE LAST	12.74	15 MOTHER'S MAIDEN NA								
351	Y	NELSON	Hou	JELL	(LUSTE	ister MIDDLE	SAME	OLE					
0		WAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANILeon	a Howel 1 DDR 360							
1	K	YES NO OR UNKNOWN) (IF YES, GIVE T	WAR OR DATES) 217-6	9-2907	INPATIENT	REGISTRATION	RECORD						
#		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b	o , and ic			APPROXIMATE I BETWEEN ONSET	INTERVAL AND DEATH					
vent		PART I. DEATH WAS CAUSED IMMEDIATE	BY: (ACDIA		NARY ARRE	ST	1	IN.					
offic e		NAME DIVIS	DUE TO OR AS A CONIC	EQUENCE OF	A 750 (75 L)								
E		Conditions, if any, which	(SEPSI	5. URE	MIA, COAGU	LOPATHY	>2 WE	EKS					
er tro		gove rise to immediate couse (a), stating the)										
othe		underlying couse last.	DUE TO, OR AS A CONS	EOUENCE OF									
ŏ		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)						
1	Z	0.0000	LVE REPLAC										
17	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI		N WAS PERFORMED		IF YES, WERE FINDINGS L						
17	I E	JAN. 4, 1985	PERIVALUI	ULAR	LEAK	YES ONO	CERTIFYING CAUSES OF D	O C					
27	T W	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)						
17	N N	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	Transfer in								
-	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION								
Ī	X	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE FARM ETC)	STREET	CITY OF TOWN	COUNTY	STATE					
a or		220.1 certify that (1) (this hospital	al) attended the deceased fr	omTA	N. 3 1995	to JA FEB	3 19 85 tho	(I) (we) los					
21 is		sow the deceased alive on	FEB 3	4	d that in (my) (our) opinion	death accurred on the date on	1	1					
ea		abave (I) (we) (did) (did not) 27b. SIGNATURE	view the body after death.		DEGREE		22c. DATE SIGN	1ED					
Ī.		Christian Va	en Joul	MT.	ATTENDING PHYSICIAN I	MEDICAL STAFF	2/3/8	85					
Z T		224. PHYSICIAN'S NAME (TYPE OR	/ A \		22e ADDRESS UN	and the same of th	LAND HOSP	ITAI					
MPORTAN		CHRISTINA VAN	LONKHUY ZUE	W	22 S. GREEN		1. 0.	2120					
≥					EMETERY OR CREMATORY	236. LOCATION	COUNTY	STATE					
_	E	URTAL	2/8/85	Mount	Auburn Cem	. Baltimore	· ·	Md.					
	24 E	UNICOAL DIDECTOR			26 . 79 4 2	F DECID DU DECUCEDA DIONI D	Contract Con	. Dien.					

ADDRESS

Wm C March F/H Inc. 1101 E North Ave

	1	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	SIENE REG. NO	0	43	8 6
		CEASED NAME FIRST OR PRINT)	WIDDLE	U	AST	TO DATE OF BEATT	MONTH DA	AY YEAR	2b HOUR
	3. SEX	LIONEL	B.	HOWLAN S. DATE O	<u> </u>	February 6 AGE (IN YEARS LAST BIRT		85 FUNDER I YEAR	9:39a M
		male	White	MONTH		69 7	O YRS	ONTHS DAYS	HOURS MIN.
5	C	COUNTRY)	76. CITIZEN OF WHAT COU	MARRIEI WIDOWE		BALTIM	_		MD.
3		TY OR TOWN OF DEATH		CENTER BA	LTIMORE MD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN			13d INSIDE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE	2/2 MN P	KWY
2		THER'S NAME FIRST -IONEL B.	HOWLAN	SR	15 MOTHER'S MAIDEN NA	WE UNK MIDDLE		LAST	ST.
	16a W	VAS DECEASED EVER IN U.S. AR/ LES NO OR UNKNOWN; I IF YES, GIVE	COSTAD DO DAW	18 9736	ANGELA	HOWLAN		AL	BOVE
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 40 M IY)						
		Conditions, if any, which	1041						
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COM					16	1
	NOIL	PART 2 OTHER SIGNIFICANT C	eart failu	re, Hoar	tic Steno	51'S			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES (GS USED OF DEATH? NO
)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART 2}	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	CITY OR TOV	WN	COUNTY	STATE			
		22a I certify that X (this haspit saw the deceased alive an above, X (we) (did) (X X X	Tebruary 6.	from <u>Febru</u> 19 <u>85</u> , an	d that in (nXx) (our) opinion	to February death occurred on the do			hat X (we) lost ouses stated
		226. SIGNATURE RESERVED RE	Den MD		ATTENDING PHYSICIAN [MEDICAL STAF	FIAND	226. DATE S	IGNED 5
		Howard	Rosen		3900 LOch Ra	ven Blvd. Bo	altimo	re MD 2	21218

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. should be detoched with the Stote Dept. IMPORTANT: IF

OR ATTENDING

TO HOSPITAL

BP.

J. G. CONNELLI (VRA 15, 4)

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

236. DATE

300

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
BALTO. STATE 250 DATE REC'D. BY REGISTRAR 25b.

STATE

Martin de Paris de Sanda de Caracteria

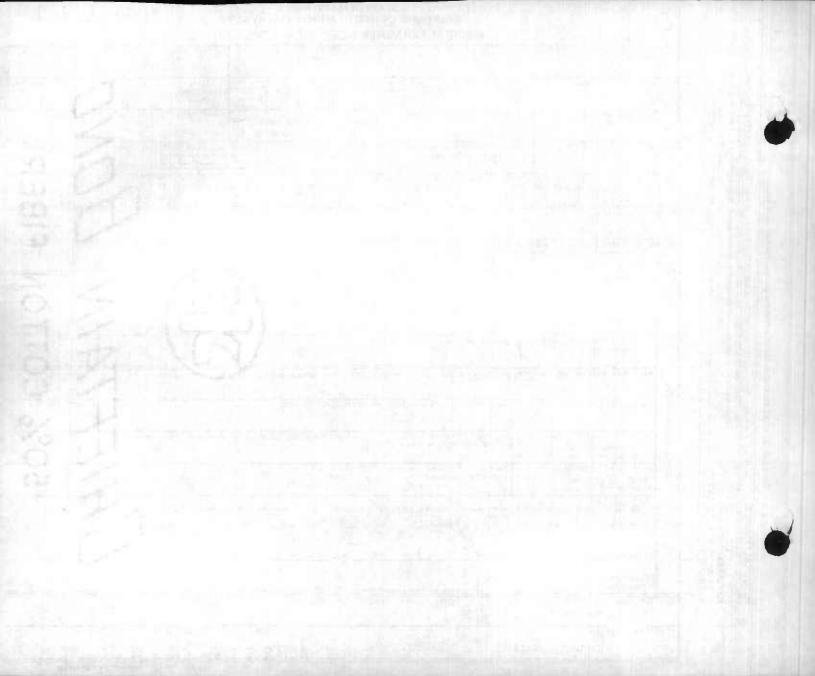
		FOR STATE				EPART	STA MENT OF		MARYLAN H AND MI		YGIEN	E	() 4	ن	8	8
		REGISTRAR			MEI	DICAL	EXAMIN	IER'S	CERTIFIC	CATEO	F DEA	TH	REG.	NO.			
1		DECEASED NAME FIRST MIDDLE [TYPE OR PRINT]						LAST 20. DATE KNOWN M							H DAY	YEAR	26 HOUR
Sex at Ani	,,,,		ROSE					H	UBERT		2	OF DEATH	ESTI- MATED	x 2	23	19 85	_ ^
高麗	3. SE)		4 RACE	5. DATE (OF BIRTH	YEAR	6. AGE (IN Y		DER 1 YR.	HOURS	24 HRS.	2c. DATE		MONTE	H DAY	YEAR	2d HOUR
N N N N	3	emule	White	1 -	21-1	911	7/1	RS.	no DATO	HOURS	MIN.	DEAL		2	23	19 85	11:2 A M
A PARTY A	70. BI	RTHPLACE (ST	ATE OR		EN OF WH	IAT COUN	ITRY?	8 MARR	IED NE	VER MARRII	ED 🗆	9 BALTIA	MORE CIT	Y OR COU	NTY OF	DEATH	
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Y IS AGE 2017	10 CI	Baltin		(IF NO		CILITY, GIVE S	RSING HOM TREET ADDRESS)	E, OR OTI	HER INSTITU	TION	Hou Hou	ALOCCU MOST OF WO ACWL	PATION (TYPE OF WOR	12b K	IND OF BU OR INDUST	JSINESS RY
	USU A		IF IN NURSING HOME	OR OTHER INS		E RESIDENCE	BEFORE ADMISS	ION)	13d. INSIDE_CI	ITV HANTES							
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-	14. F/	THER'S NAME		MIDDLE	1,5		LAST			R'S MAIDE			MIDDLE			1.62	
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		VAS DECEASEL	DEVER IN U.S. A	RMED FOR			CIAL SECURI						ADDRE				
1	N					219	-10-35	27	Matthew J. Hw			bert	gr.	Box	ox 246 B4		
, DIVISION		18 CAUSE O	F DEATH (Enter o												1	APPROXIMA	E INTERVAL
ERMIT.		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease															
ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL		DUE TO, OR AS A CONSEQUENCE OF															
REAL			is, if ony, which to immediat		(b)					L. In							
5		cause (a) lying cau	stating the under	t.) Dr	JE TO, OR	AS A CON	SEQUENCE	OF			1.54					104	3 7
		17.119 000	30 10 31.	((c)											*	
	N	PART 2 OTNER SIG	GNIFICANT CONDITION	IS CONTRIBUTION	G TO OEATH	BUT NOT RELA	TEO TO THE TER	AINAL OISEAS	E OR CONDITION	N GIVEN IN PAR	RT 1 (a)						
جُ رَ	ATIC	19a. DATE OF	OPERATION	CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	20 AUTOPSY?			
1201 PRIOR TO BURIAL, C	IFIC															YES 🗆	NOX
7	CERTIFICATION		L CAUSE WAS	21	b. TIME OF	INJURY		21c H	OW INJURY	OCCURRE	D (ENTER N	NATURE OF IN	NJURY IN ITEM	18 PART 1 OR	PART 2)		
5		UNDERLY ING	OR OR		IOUR A.M P.M	. MONTH	DAY YEA	K									
	MEDICAL	21d INJURY C	-	21	e PLACE C		(AT HOME,		CATION				-0				
	X	WHILE AT WORK	NOT WHILE		STREET, FACT	ORY, FARM E	TC.)		STREET			CITY OR TO	OWN		COUNTY		STATE
		22a 1 certif	fy that I taak cha					Autor	1	Inspection		Inquiry		ond in my	opinion		
		death resulte	d from: Nat	ural causes	N.	Accident	L, S	vicide	, Hamic		Undete	ermined m	ionner L].			
		ACTUAL	M		1	W	1		TITLE (S					DAT	E .	2-24	OE.
2		SIGNATURE_	///	1	/	N	1	, ^	I.D. ASSI	stant	MEDI	ICAL EXA	MINER	SIG	NED	2-24-	00
4		EXAMINER'S (TYPE OR PRIN	11)c	n M. E	ixon				ADDRESS_				Balt	O., N	1d. 2	21201	
	B	urial	TION, REMOVAL	12-27	-85		Ly Ros		Cemete	ry	Ba	Lto.			YINUC	Md.	TATE
		hame M. W	leber &	Sons.	9nc.	401	S. Che	ster	St.	FEB 2	2.5.1	REGISTR.	AR 250 RE	Davids	S SIGNA	TURE	10
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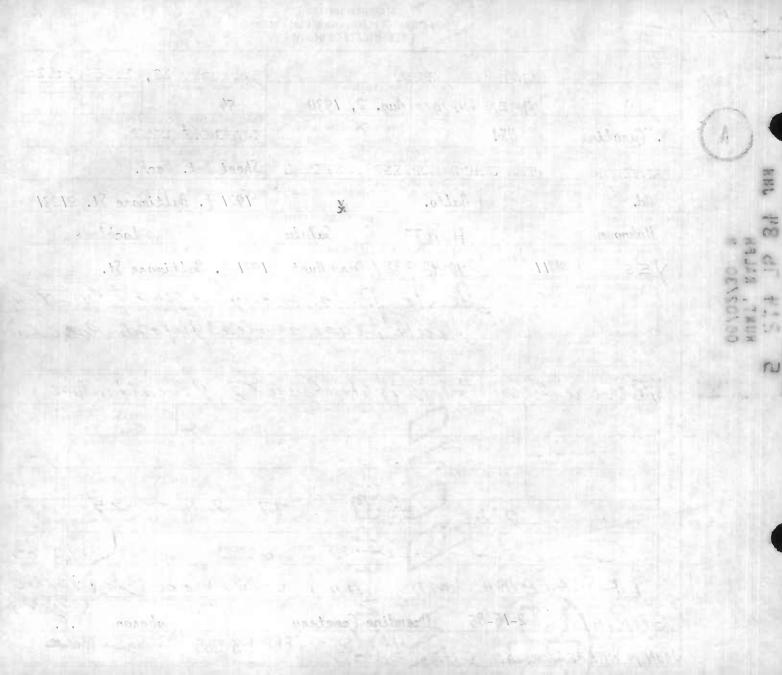
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		1. DE	REGISTRAR CEASED NAMI E OR PRINT)	E	FIRST			MIDDLE	ZAMII	IEK 3	LAST	CATE		2a. DATE OF	KNOWN		DAY	YEAR	2b. HOUR
	ASE OR. JRS.				acy						mphre		- 00	DEATH	MATED	⁻ 2/	16/	19 85	M
1	PER PLEASE DIRECTOR. FILES. TO HOURS	n sex	le	4 RACE Whit		S. DATE OF I	BIRTH DAY 9	YEAR 07	6. AGE (IN Y LAST BIRTHI		THS DAYS	HOURS		PRONOU DEAL	NCED	MONTH 2/	16/	19 85	11:05 A M
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1	1	10 Ci	TY OR TOWN Baltin		Н	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 115 W. Saratoga St. 120 USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) Electrician							or industry						
1201	342502		IL RESIDENCE TATE Md.	(IF IN NURS	ING HOME OR		TION, GIVE	RESIDENCE 13c. CITY	OR TOWN			CITY LIMITS?	13e. STRE	ET ADDR	ESS	4	C+	2120	
E. MD. 2	ATH F.	14. FA	ATHER'S NAME			WIDDLE		Bal	LO.			HER'S MAID			Sara	toga_		2120)1
BALTIMOR	IRS AFTE DE SI GIVE PAGE WITH FORM DIVISION OF	(A)	VAS DECEASE	D EVER IN	U.S. ARM IF YES, GIVE W	ED FORCES	?		IAL SECURI		17. INFO	RMANT			ADDRE	SS			
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201 W.	UTED W IN PEN EXAMI RIAL - TR ID MENI			stating t use last.	nmediate he <u>under</u> - (DNOITIDNS <u>((</u>	(c)	O, OR A		SEQUENCE		ASE OR CONDITI	DN GIVEN IN PA	ART 1 (a)						
TAL RECO	TE SHOULD BE EXECUTED BY THE CHIEF MEDICAL DE BE USED AS A BU ENT OF HEALTH AND BURIAL, CREMATI	FICATION	19a DATE OF	OPERAT	ION	19b C	ONDITIO	ON FOR Y	WHICH OPE	RATION	WAS PERFO	RMED?						UTOPSY?	- VE
DIVISION OF VITAL RECORDS,	CERTIFICATE SH DED TO THE CY E 3 SHOULD BE LE DEPARTMENT OF PROPERTY	MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTI	; Doi	R	HOU	IME OF I		DAY YEA	R 21c. 1	HOW INJUR	Y OCCURRI	ED LENTERN	ATURE OF IN	JURY IN ITEM	18 PART I OR I		res 📙	№ Х]
DIVIS	WRITING WARDED ' VARE 3 SH IATE DEPA	MEDI	WHILE .	NOT W	D/HILE			INJURY RY, FARM, ET	(AT HOME,	211 L	STREET			CITY OR TO	NWC		OUNTY		STATE
6	TO MEDICAL EXAMINER: THIS CRITIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORW ARDED TO THE CTO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BU		22a I certi death result ACTUAL SIGNATURE	/		of the remo	7/	ibed aba		Auto	Hom	Inspection Incide	Undete	Inquiry ermined m	anner	and in my i		2/16,	/85
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE PATTER DE	77a BI	EXAMINER'S (TYPE OR PRI	NT)		ennis	F.		h, M.		ADDRESS		11 Pe	nn S	t.				
07/84 25M	BP	(5	PECIFY)	emova		2/20	/85	23c. N	IAME OF CE	METERY	OR CREMA		CITY	OR TOWN	AR [25b, RE-		UNTY	STA	TE
	DHMH - 17 (VR A15 ME (5))	-	NIAME		omy Bo	pard '	ADDRESS	Bal	to.,	Md.		EB2	5 19	851	20. 10	- 14	SIGNAL	UNI	





- STATE

REGISTRAR

DHMH - 16 50M 4/B3 (VRA 15, 4)

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE 2121WINDSOR GARDEN LANG DICKINS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE 19.85....., and that in (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Drimary M. D. PHYSICIAN | DIRECTOR | PHYSICIAN | 3900 LOCH RAVEN BLVD. BALTO, MD. 21218 SARRISON FOT. 25a DATE REC'D 1721 DOREN Monzae J.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF LINDER LYEAR

2h HOUR

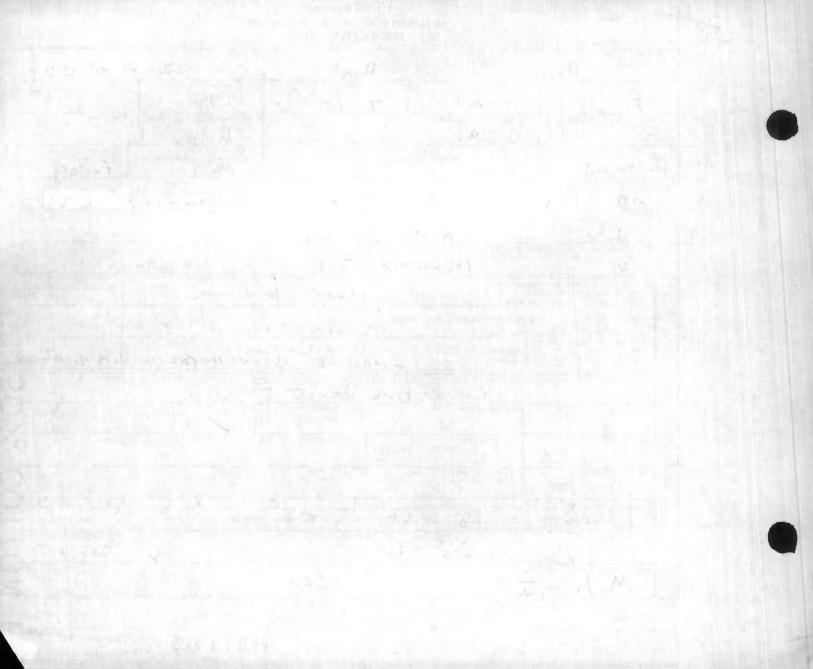
5:00

HOURS

IF UNDER 24 HRS



STATE OF MARYLAND



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

	STATE OF MARYLAND	22	Bas	-
	DEPARTMENT OF HEALTH AND MENTAL HYGIEL CERTIFICATE OF DEATH	NE	REG. NO.	
-	1,457	- DATE OF		211

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST Elizab		IDDIE		uth	20. DATE OF DEATH MON	22		2:30 2:30	
	3 SEX	Female	4. RACE Wh:	ite	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA'		NIHS DAYS	IF UNDER 24 HRS HOURS MIN.	
0	7a. BII	RTHPLACE ISTATE OR EOREIGN COUNTRY) Maryland	nd U.S.A.			D NEVER MARRIED X	Baltimore City Baltimore City				
1	В	altimore	St. Agr	es Hospi	tal	DR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Secretary	RKING HEE)	INDUSTRY	Brokerage	
6	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland		Baltimor	N	YES X NO	13e STREET ADDRESS / ZII	CODE I	Baltimon te Lan	re, Md. 2122 e	
0	14. FA	Henry	MIDDLE	^{1AST} Hut		IS MOTHER'S MAIDEN NAME (18 Katherin	e MIDDLE		Kra		
	16a W	VAS DECEASED EVER IN U.S. ARI YES, NO OR HUKNOWN) (IF YES, GIVI	MED FORCES?	215-05-0		Marie Huth 4	17 S. Chapel	Bal Gate	Lane	e, Md. 21229	
	TATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR (c) CONDITIONS CO		ENCE OF AH	ngeofive 140. Recosclarotic NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, V	WERE FINDI	NGS USED	
2	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	.M. MONTH DAY YEAR			YES NOW YES NO				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
		22d Certify that (I) (this hasping saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME INTE William Yap		12/85							
1	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 2/25/8			Park Cemetery	100 140 SPIT		irylan	d	
		UNERAL DIRECTOR 1630 Editory M. & Russell C.			ille, l	1d. 21228 250 DAT	E REC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNAL	HERECO	

MISS TRANSPORT BOOM

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

- 1	1 050		WIDDIE	LAS	i	20 DATE OF DEATH		EAR 126 HOUR					
Н	I. DEC	CEASED NAME FIRST OR PRINT)	WIDDER	100		76. DATE OF DEATH	MONIN DAY	ZEAR ZE. HOUR					
1		JOHN	C	HUTTON	N SR	FEBRUARY	6, 1985						
1	3. SEX		4 RACE	S. DATE OF		6 AGE (IN YEARS LAST BIRTI		DAYS HOURS MIN.					
П	1	VIALE	NEGRO.	1D MONTH	PAY 1911	74	YRS.	DATS HOURS MIN.					
	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OLINTRY? 8	-	9 BALTIMORE CITY OF		TH					
	T	QUNTRY)	11 5 1	2 MARRIED	NEVER MARRIED	BALTIMOR							
4	10 01	TY OR TOWN OF DEATH	11 NAME OF HOSPITA	WIDOWED		170 USUAL OCCUPATION		IND OF BUSINESS OR					
2			(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS]		TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU						
		ALTIMORE		OPKINS HO	SPITAL	Ketire	d	- ndustry					
4	USUA 13a S	TATE 136. COU		Y OR TOWN	3d INSIDE CUTY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	21202					
		nd -	Re		YES NO	1000	Laraye	the AUP.					
7	14 FA	THER'S NAME			S. MOTHER'S MAIDEN NA	ME							
3		Toba C	MIDDLE A-121 T	LAST (2)	FIRST	A PODIE	GHT	LAST					
-	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16h SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE							
Н			VE WAR OR DATES)	12 141-477	o Charla	TTO WY	13	35 4.1					
4		110	226	5 1 1 130	Cricula.	110 1741	100 1	a Fai y PTT					
		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	n av				BEI	APPROXIMATE NTERVAL TWEEN ONSET AND DEATH					
			TE CAUSE (a) 45PL	RATION PNE	Mong			meek					
			DUE TO, OR AS A C	ONSEQUENCE OF			101770111						
9		Conditions, if any, which	PE	5 YEARS									
	1	gave rise to immediate cause (a), stating the			NATIA ALZH								
		underlying cause lost.											
		PART 2 OTHER SIGNIFICANT	CONTRIBUTION CONTRIBUTION	TING TO DEATH BUT A	OT DEL ATEO TO THE TEN	UNIA DISEASE OR COME	WIGH CREATER BY	AD7.1.					
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBO	TING TO DEATH BUT N	OI KELATED TO THE TERM	MINAL DISEASE OR CONL	IIION GIVEN IN PA	AKI IIG.					
	CERTIFICATION	19a DATE OF OPERATION	TIPL CONDITION FO	OR WHICH OPERATION	WAS DEDECTRACED	20a AUTOPSY?	206. IF YES, WERE I	EINDINGS LISED					
4	FIC.	190 DATE OF OPERATION	176. CONDITION FC	K WHICH OFERATION	WAS FERFORMED		IN CERTIFYING CA	AUSES OF DEATH?					
£	RTI					YES NO	YES 🗌	NO 🗌					
3		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	110110 4 44 440	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)					
£	AL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19									
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJUI		211. LOCATION	CITY OR TOV	VN COUP	NIY STATE					
	X	WHILE NOT WHILE T	(AT HOME, STREET FACTO	RY, OFFICE, FARM, ETC.)	ZIMEEI	CITORIO	714	STATE.					
		270.1 certify that (IC(this hosp	ital attended the deceas	ed from Z-9 JA	NUMPY 1085	10 6 FEBR	WEY 10 8	5 that (I) (we)last					
		saw the deceased alive or above, (I) (we) (did (did no			that in (my) (au) opinion	death occurred on the da		, mor (in the host					
		above, (Newe) (did (did no 27b, SIGNATURE	at) view the bady after dec		GREE			DATE SIGNED					
		0 1 0			_ ATTENDING	MEDICAL STAF	F .						
1	1	CW Herdi		, M	PHYSICIAN [DIRECTOR PHYSIC	IAN	FOB 85					
1		224 PHYSICIAN'S NAME (TYPE			27e ADDRESS		415						
П		C.W. HENI	DEIX		GOON. WOLFE	ST, BACTIMO	REG. MY						
		URIAL, EREMATION, REMOVAL	236 DATE	234 NAME OF CE	METERY OR CREMATORY	73d. LOCATION	,						
	(BUNAL	2-12-85	1 80/	tomare CE	CITY OR JOWN	COUNTY	Ad STATE					
	24. EL	JNERAL DIRECTOR	100	1 200/1		TE-REGID. BY REGISTRAR	ISH REGISTRAR'S SI	GNATHRE					
	/	3 NAME TO R	1011000	ADDRESS - C	2001	8 5 400E	Mia Davids						
-	_ (_	911/11/010	cruiges	1112610	1.60 10 10	R-A ROD 1							

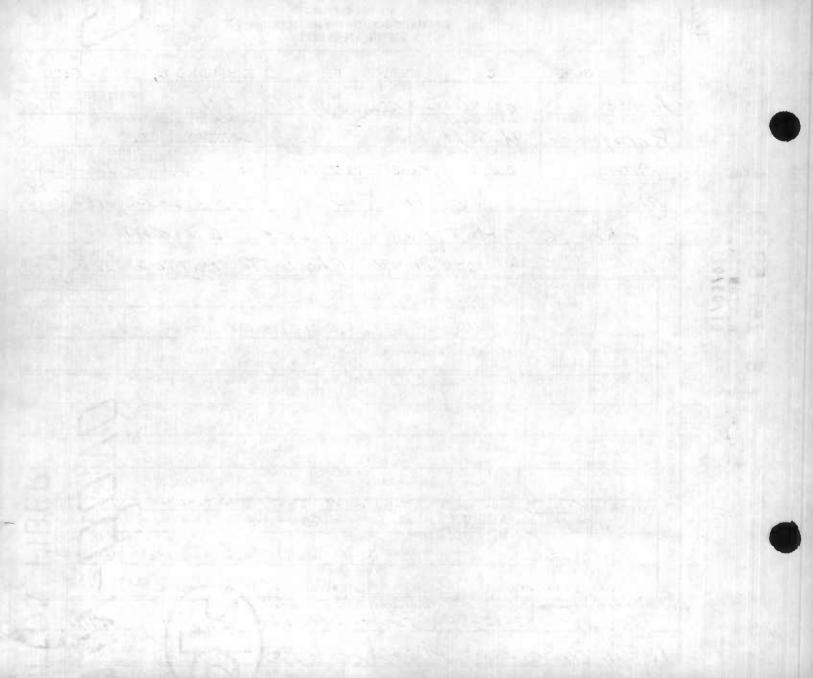
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O HOSPITAL OR ATTENDING PHYSICIAN: The lo

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MPORTANT: If Ite



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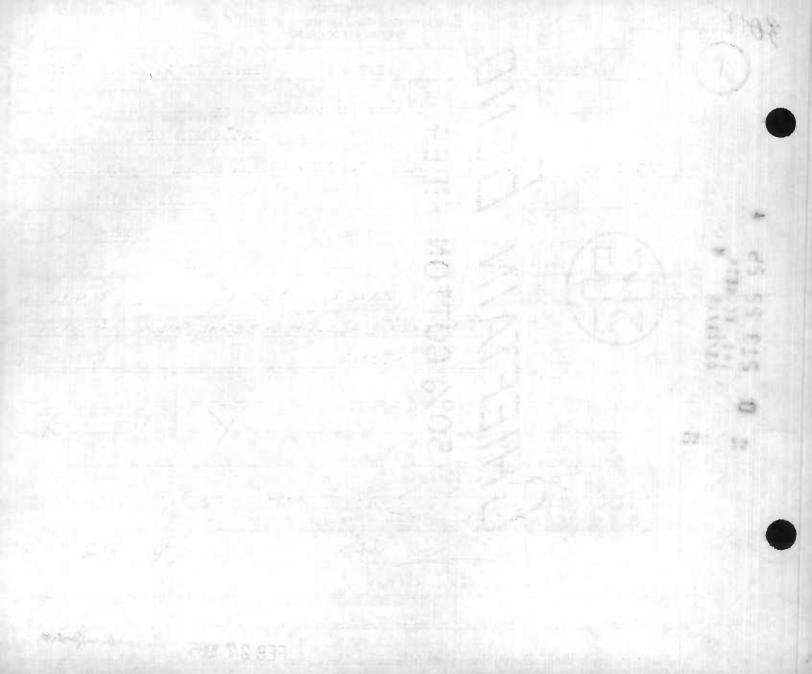
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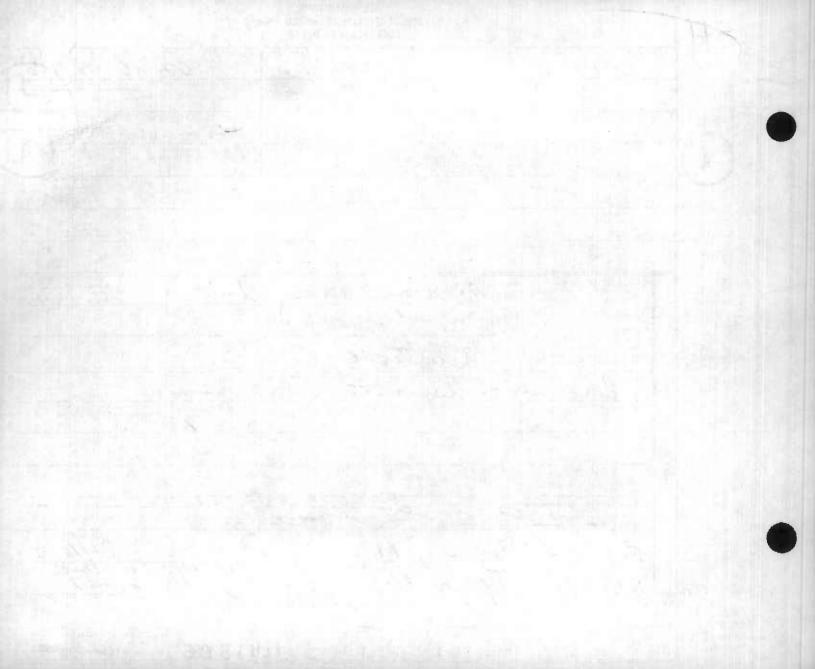
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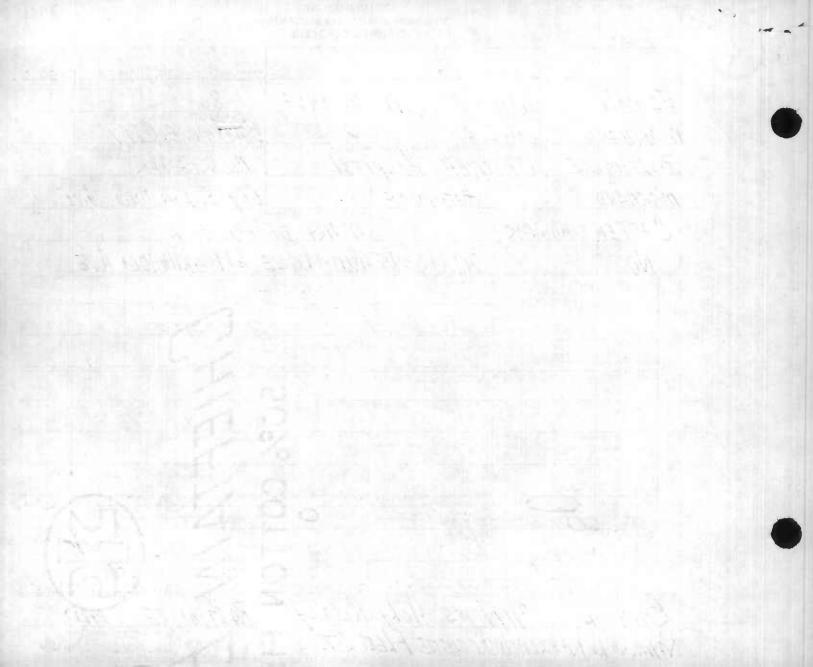
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S (C she)	I. DECEASED NAME (TYPE OR PRINT) K	FIRST MIDDLE ENNETH 4 RACE	ING Is. date of birth	FEBRUARY 21,	1985 26 HOUR P					
1 1 1 1 1 1 1 1 1	Male	White	March 21 1918	66 YRS	MONTHS DAYS HOURS MIN.					
1 189	70 BIRTHPLACE (STATE OR COUNTRY) Hawaii	USA	MARRIED XX NEVER MARRIED WIDOWED DIVORCED							
B	BALTIMORE	(IF NOT IN SUCH FACILITY GI JOHNS H	OPKINS HOSPITAL	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI Ret. Officer	IPE) IZE. KIND OF BUSINESS OR INDUSTRY U.S. Army					
2 1 85	Md.	NG HOME OR OTHER INSTITUTION GIVE RESIDEN 136 COUNTY 136 CITY (0den	TON TOWN 13d INSIDE CITY LIMITS	520 Gladhill Ro	d 21113					
Son pletely with the way of the w	On	Ng	15 MOTHER'S MAIDEN See	MIDDLE	Lau					
2	Yes NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	3-3454 Helen Ing	ADDRESS 13e						
th certificate	18 CAUSE OF DEAT PART I. DEATH W	DUE TO OR AS A COL	RSPIRATORY)	TRREST	BETWEEN ONSET AND DEATH 3 MINUTES					
that the dear the other than the oth	gove rise to imm	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last (b) METABOLIC ACIDOSIS AND RENAL FAIWRE DUETO, OR AS A CONSEQUENCE OF A TOMA								
equites ten signed to Then plants y injury, o		IFICANT CONDITIONS CONTRIBUTION	VEN IN PART 1(a							
The low icion.	190 DATE OF OPERA		WHICH OPERATION WAS PERFORMED 21t. HOW INJURY OCC	YES NO IN CERTI	FYING CAUSES OF DEATH? ES NO NO					
ding physicians certification of the last street of	OR CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO	AUSE OF DEATH HOUR A.M. MON	TH DAY YEAR	CURRED (ENTER TURE OF INJURY IN ITEM 18						
DING PH or otten th se os the ooth and marked o	AT WORK	the harpital attended the decease		CITY OR TOWN	COUNTY STATE					
haspital haspital RECTOR hed for unterpit of Hemilian Place of Hem	saw the deceau		and that in (my) (our) opin	ian death accurred on the date and hai						
PITAL O by the EERAL D se detoc Store D	224 PHYSICIANIZIN	and the second s	22e ADDRESS	G MEDICAL STAFF	FEB 215+83					
TO HOS retained TO FUN should be with the IMPORT	230. BURIAL, CREMATION,		23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION						
BP	Burial	2-26-85	Arlington Nat. Cem	Arlington	Va.					
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME T.A. Hard	:VICI	DDRESS Q 1401	EB 27 1985	Davidson Handage					



STATE OF MARYLAND



- 1	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	14400
1 6		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 2 2		MAMI	E JACHELSKI		FEBRUARY 15	1985 5.50 19
fer b	3. SE	j	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
recto urs at	1	EMALE	WHITE	11 26 1904	80 YRS	
leoth. Pour 72 ho	20. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH IT / MD.
s offer on the full of the ful	10 C	ALTIMORE	11. NAME OF HOSPITAL, NURSII	NG MOME OR OTHER INSTITUTION FISPITAL	120 USUAL OCCUPATION (TYPE O WORK FOR MOST) E WORKING I	126 KIND OF BUSINESS OR
24 hour	USU M	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN	NOTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) NO 13d. INSIDE CITY LIMITS?	13, STREET ADDRESS/ ZIP, COR	mo 2/3/24
ompletely 1 and 2 sho	1	ASPER KOU	MORIE LAST	15 MOTHER'S MAIDEN N	RANKIEWICZ	LAST
on ond co			MED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 217 24 8	315 RUTH BAS	E 619 SLINUIC	O) AVE
cate I		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), ar	nd (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o ph remo			TE CAUSE (0) ACU	TE PULMONARI EL		
orth cork			DUE TO, OR AS A CONSEQU		HEART FAILURE	
dec nove		Conditions, if any, which gave rise to immediate	(P) PROBORLY	ACUTE MYOCARD		
by the		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF RENAL FAIL	JURE	
signed I hen plea a burial jury, or i	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	IVEN IN PART 110
he law recon. has been the permit. If then prior the pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \)
hysicide icone icone icons if Hygin Hygin I 18 sho		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SiCla ph	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	N 121	19		
offendir	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOIN I or USE Al				FEBRUARY 8 19 8		115 1985 at (1) (we) ast
Spito CTO of h		the deceased alive on above (I) (ve) did (did no	FEBRUARY 15 19 -	85_, and that in (my) Our opinio	n death occurred on the date and ha	our and from the causes stated
by the ho by the ho IERAL DIRE: State Dept		Mulaa	240860.		DIRECTOR PHYSICIAN	22c DATE SIGNED
HOSPIT, med by FUNER, uld be d of the Sto		22d PHYSICIAN'S N. HE TIME		22e. ADDRESS CHURO	CH HOSPITAL CO	RPORATION
O HOSPIT. etoined by TO FUNER. should be d with the Ste		WALKER IM	PAGLIATELLI M	1100 NORTH	BROADWAY BALT	O., MD 21231
BP	23a	MAL, CREMATION REMOVAL	2/19/1985 H	OLY KOSARY	BALTIMORE	COUNTY MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	R	HIMOND L. KACX	o Rowski 2525	FLEET ST. 1250 OF	ATE RECD. BY REGISTRAR 25 REGIS	Davidson-Handall



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND	MENTAL HYG DEATH	IENE REG.	NO.				
	CEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YE	AR	2b HOUR	
1117	OR PRINT)	יבי		JA	CKSON			7:50AM				
3. SE.		4. RACE		5. DATE C	OF BIRTH	•	6. AGE (IN YEARS LAST I		IF UNDER 24 HRS			
	Female	В1	ack	MONTH	23	O O	84	YRS.	MONTHS	DAYS	HOURS MIN.	
	RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	8.			9. BALTIMORE CITY OR COUNTY OF DEATH					
M	aryland	U.S.		WIDOWE		VORCED [BALTIMORE CITY.					
	LTIMORE CITY	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET N MEMORIA	ADDRESS)		NOITUTION	120 USUAL OCCUPA 179PE OF WORK FOR MOST				BUSINESS OR	
13a S	AL RESIDENCE IF NURSING HOME STATE 13b CO aryland	OR OTHER INSTITUTION UNITY	Baltim	/N	13d. INSIDE C	ITY LIMITS?	130.STREET ADDRESS			21	218	
14.FA	THER'S NAME Unknown	MIDDLE	LAST			MAIDEN NAM	ME			LAST		
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMA		ADD	RESS				
	Unknown (IF YES.	GIVE WAR OR DATES)	216-66-	7078	Edwar	d Kil	ey 704 (Cator				
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	SED BY: ATE CAUSE (0) DUE TO, OI DUE TO, OI (c)	Cardi R AS A CONSEOUI R AS A CONSEOUI	ENCE OF SEP	519-						HATE HATERVAL HISET AND DEATH	
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TIFIC							YES T NOT	IN CERT	IFYING CA			
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTR	NER) P.	M. MONTH DA M.	19	21f LOCATION STREET		RED (ENIER NATURE OF IN		PART I OR PA		STATE	
	220.1 certify that M (this hose saw the deceased drive obove, (I) (was a find of deceased drive obove).		4 4			. 19 <u>85</u> (our) opinion o	death accurred on the	dote and ha				
	Jeffend C	oul		1	DEGREE UD A	TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN (D)	116.1	2/o	24/53	
	Jeffred	A. Cox	»/		U	nion	memori	al Ho	05P	Bu	rid.	
23a. E	BURIAL, CREMATION, REMOV	23b. DATE 2/28			Zion		23d LOCATION CITY OF TOWN Lansdo	wne,	COUNTY	M	d.	

DHMH - 16 50M 4/83 (VRA 15, 4)

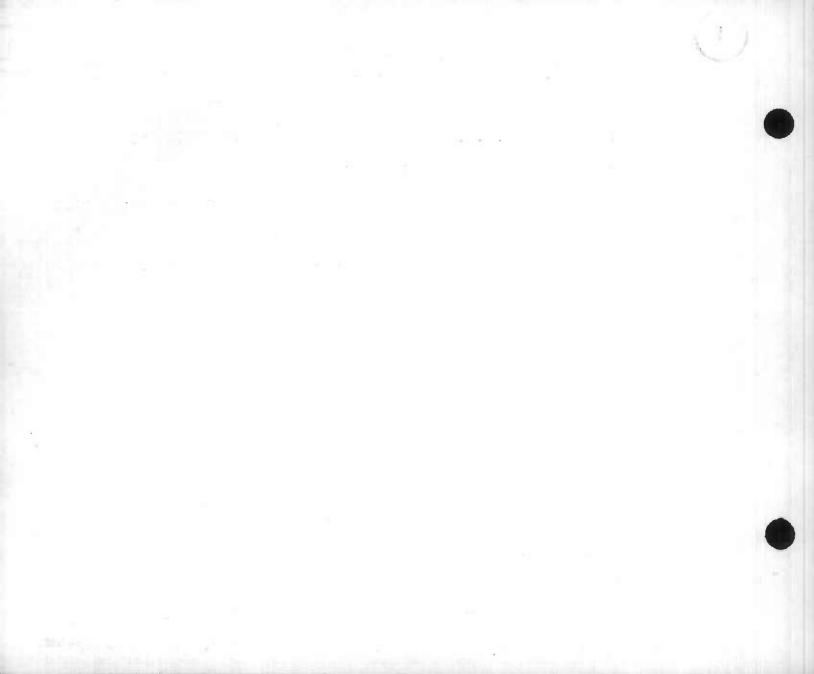
IMPORTANT: If Item 21 is marked or Item 18 shows any

should be detached for use as with the State Dept of Health

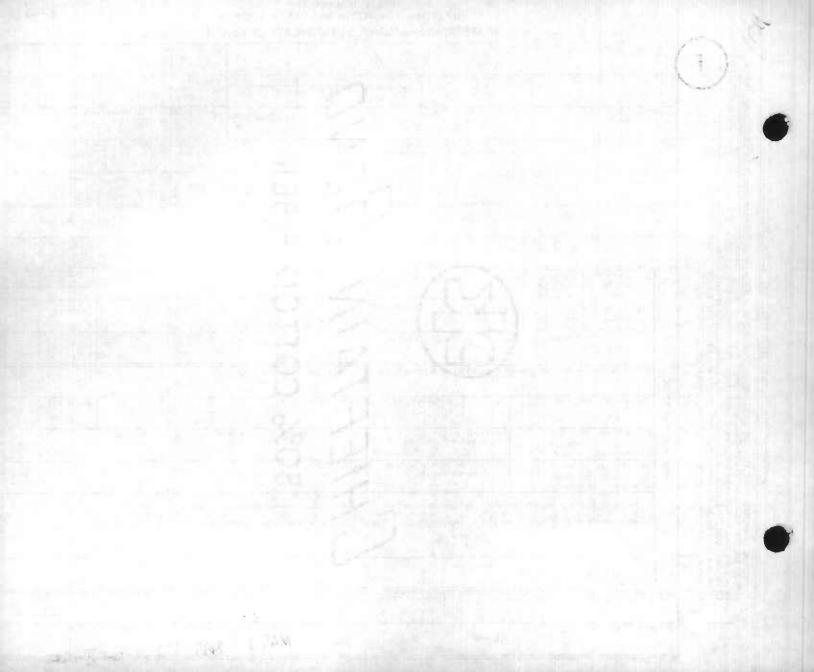
24 FUNERAL DIRECTOR
Wm C Marc March F/H Inc. 1101 E North Avenue

MAR 1

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

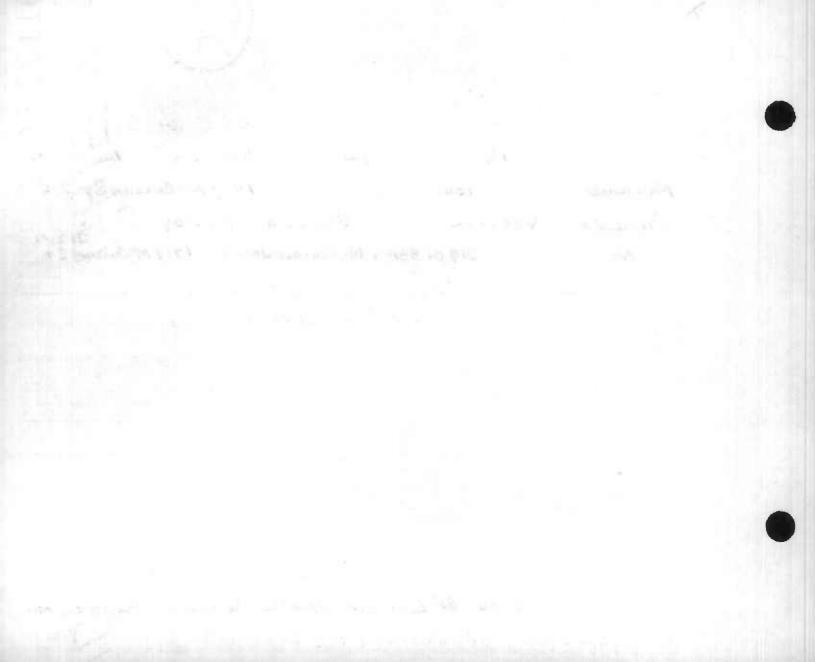


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	W < . · O		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	far (a), (b),	and (c).}					3/5		100	APPR BETWEE	OXIMATE I	ANG GEATH
W. PRESTON ST.,	A HERA				TE CAUSE (a)		gun Wo		to Te	ft Sh	oulde	r					
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5, 201	DE SE ESTA				(c)												
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OF.	AEN SAEN	E E	210. EXTERNAL		21b. TIME OF		DAY YEAR	21c HC	OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJU	JRY IN ITEM 18	BPART I OR PA	ART 2)		300
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIRMORE, MARYLAND, 2		death resulted	fram: Natur	ral causes .	Accident	, Sui	cide	, Hami	cide .	Undeter	mined mai	nner .				
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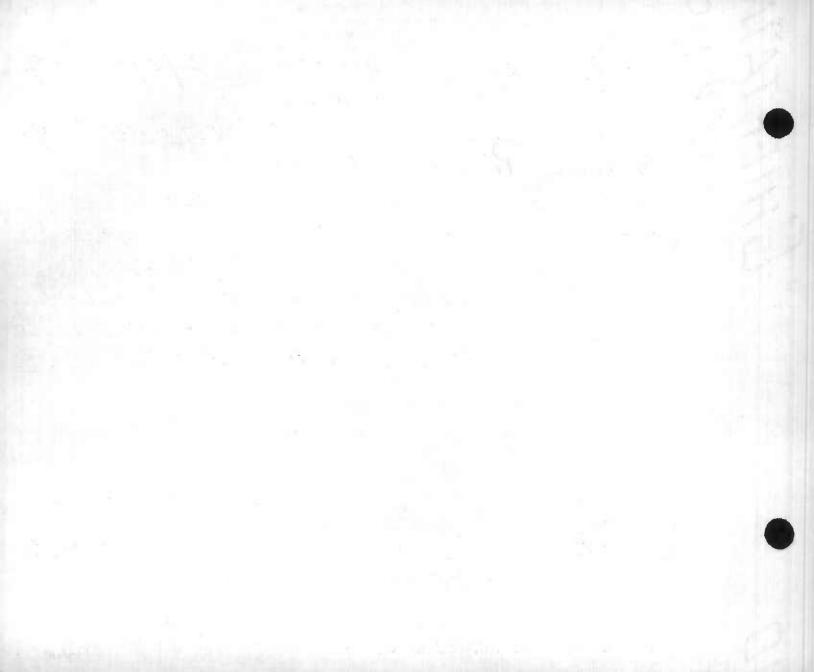


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



ATTENDING PHYSICIAN The la

	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO.	0 4	407			
100		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
7		RUNIA		JAC		FEBRUARY 13,	1985	2:50P M			
	3. SEX	X 4	RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.			
2.1	7- 01	FEMALE	WHITE		TEMBER 19,1918		YRS				
77		COUNTRY)	CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	BALTIMORE CITY BALTIMORE CITY					
-4	10 CI	POLAND ITY OR TOWN OF DEATH 1	U.S.A. 1. NAME OF HOSPITAL, NU	JRSING HOME		120 USUAL OCCUPATION 12b. KIND OF BUSINE					
OC	1/4	BALTIMORE	3928 CLARIN	TH RD.	21215	HOUSEWIFE		HOME			
35		AL RESIDENCE (IF NURSING HOME OR O STATE MARYLAND			134 INSIDE CITY LIMITS?	3928 CLARINTH	CODE 21215				
06	14 FA	ATHER'S NAME AKIVA	DDIE KORM	A NI	15. MOTHER'S MAIDEN NAM		I INT	KNOWN			
00	16a V	VAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17. INFORMANT	ADDRESS	UNI	KNOWN			
1			WAR OR DATES)	4-6349		BS 3928 CLARIN	TH RD. 2	1215			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	BY. Car	diopuli equence of fastati	monary ar	carcinoma.	APPROX BETWEEN	IMATE ÎNTERVAL ONSET AND DEATH			
Q	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING			200 AUTOPSY? 20b. IF	NAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
-1	RTIF		The second second	300		YES NO	YES	NO 🗍			
9	_	2 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	716 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AI HOME STREET FACTORY, OF	FICE FARM ETC)	ZII LOCATION	CITY OR TOWN	COUNTY	STATE			
		270.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did nat)		19850.0		to Rhynan death occurred on the date and					
		22d PHYSICIAN'S NAME (TYPE OR	WIT.	tes	DEGREE ATTENDING PHYSICIAN 1728. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1	4/85.			
	11	DR MILIAN WIST				BELVEDERE AVE.					
		BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(BURIAL	2/14/85	SHAARI	EI ZION CEM	ROSEDALE	BALTO.	MD			

SHAAREI ZION CEM

DHMH - 16 60M 7/84 (VRA 15, 4)

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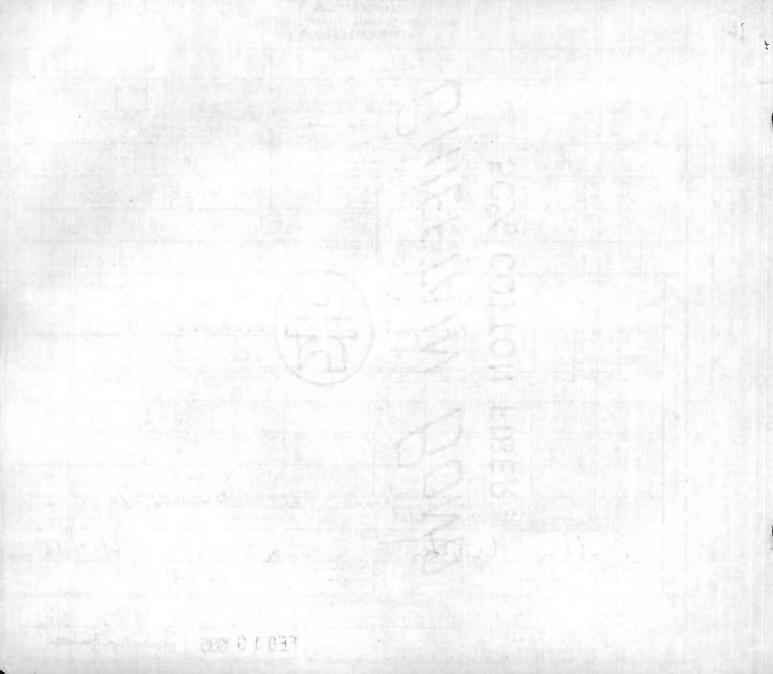
TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health.

completely filled in by the funeral director p

2/14/85 SHAARE
SOL LEVINSON & BROS., INC. 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD. BALTO, MD 21215

PEB 1 9 1985

MD REGISTRAR'S SIGNATURE



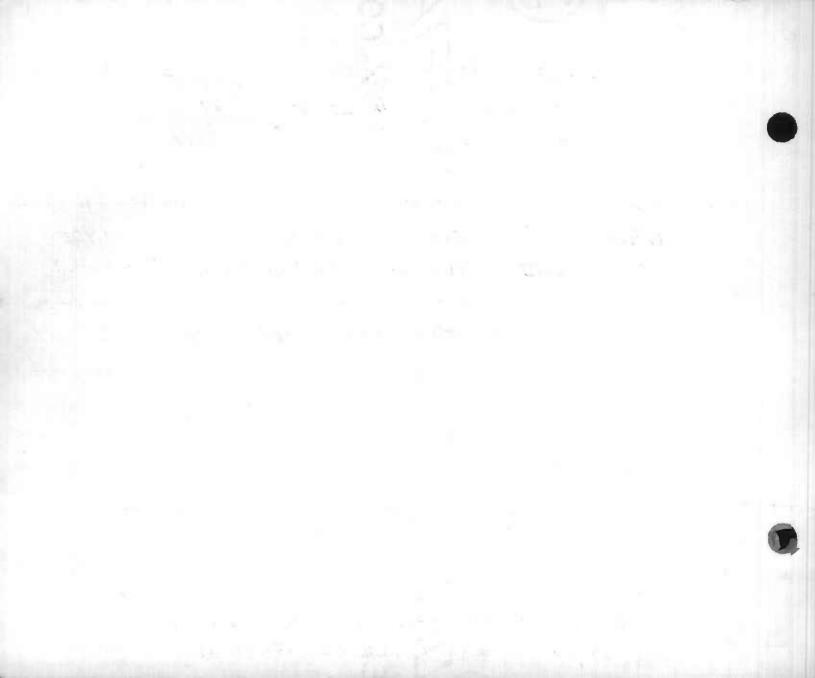
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		REGISTRAR		CERTIFICATE OF DEA	REG. NO	
m £	I. DE		MIDDLE	Tanagan	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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ector, p	3 SE	Female	WHITE			MONTHS DATS HOURS MIN.
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and 2 sh	14 F/	FIRST		FIRST	MIODLE	2 LAST
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physicio n popers moval.		PART I. DEATH WAS CAUSED	BY: (-1)	ndieni	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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then plec ta burial	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART I I a
permit.	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORME	ZOO AUTOPSY? YES NOTO	20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{} \)
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O FUNER nould be on the Ste		22d PHYSICIAN'S NAME (TYPE OR	KR WCR	22e ADDRESS	1 SCADE HO	AVE BACTO PID
5 4 3 8	23a	(SDECIEV)			TALLIN SITY OR TOWN	LE BALT. MD
- 16 50M 4/83 RA 15, 4)	24 F He		ADDRESS	PIKESVIlle, MP.		758 PEGISARAR'S SIGNATURE DE DELL'ARTE DE L'ARTE DE L'AR
	TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remave carbomopers. Pages is and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar remaval. [MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical prominer must be considered.]	10 FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should the flow of Health and Mental Hygiene prior to burial, cremotion, or removal. [MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other fraumotic event, the medical polyment must be recorded to the management of the manage	To Enthurse to immediate to the part of th	TO STATE REGISTRAR 1. DECEASED NAME INDEED 3. SEX Female 1. DECEASED NAME INDEED 3. SEX FEMALE INDEED 3. SEX Female 1. DECEASED NAME INDEED 3. SEX FEMALE INTERDITED 3. SEX FEMALE	DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA REGISTRAR I. DECEASED NAME I. (THE DEPARTMENT) I. STATE REGISTRAR I. DECEASED NAME I. (THE DEPARTMENT) I. STATE I. DECEASED NAME I. (THE DEPARTMENT) I. STATE I. DECEASED NAME I. (THE DEPARTMENT) I. DECEASED NAME I. (THE DEPARTMENT) I. STATE I. STAT	DEPARTMENT OF REALTH AND MENTAL HYGIENE REGISTRAR DEPARTMENT OF REALTH AND MENTAL HYGIENE REGISTRAR REG NAME

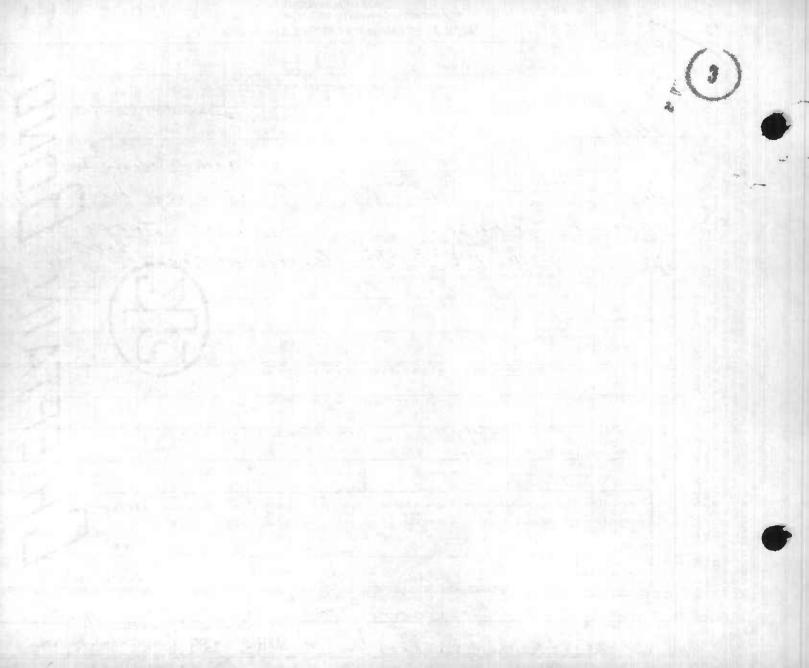
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\$	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0 4 4 0
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λοω 4	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H
9e 4		male	\wedge	6 17 04	SP YR	S
eoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bautimore city or coun	City City
s offer d	D	A HIMORE	(IE NOT IN SUCH EACILITY, GIVE STREE	ng home or other institution tabblessi	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING SEAMAN CONTROL	11 - 1 - 1
24 hour	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13. STREET ADDRESS ZIP CO	Derok Rd 2
ont 21	14 F.	ATHER'S NAME FORNAL ACHIE	MIDDLE JAME	15 MOTHER'S MAIDEN NO. FIRST SER. GEORGEAN	A REE	REED
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equires t n signed Then ple r to burro injury, or	NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE FER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
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R ATTENDII hospital or RECTOR: A ned for use opt of Healt tem 21 is mo		saw the deceased alive a above, (1) (we) (did) (did n	oital) attended the deceased from n 19 at view the body after death.	35 and that in (my) (aur) apiniar	n death accurred on the date and	
the property of the property o	9	27b. SIGNATURE	pechtony pos	DEGREE ATTENDING PHYSICIAN 1776 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/20/85
O HOSPITAL eroined by th TO FUNERAL should be det with the Store		AUEN C.	TACKSON, M.	A. SBGH	Balt. MR	
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OHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	n Glow 32 0	W Mollere 25a DA	ATE REC'D BY REGISTRAR 256. REC	a Davidson Mandall

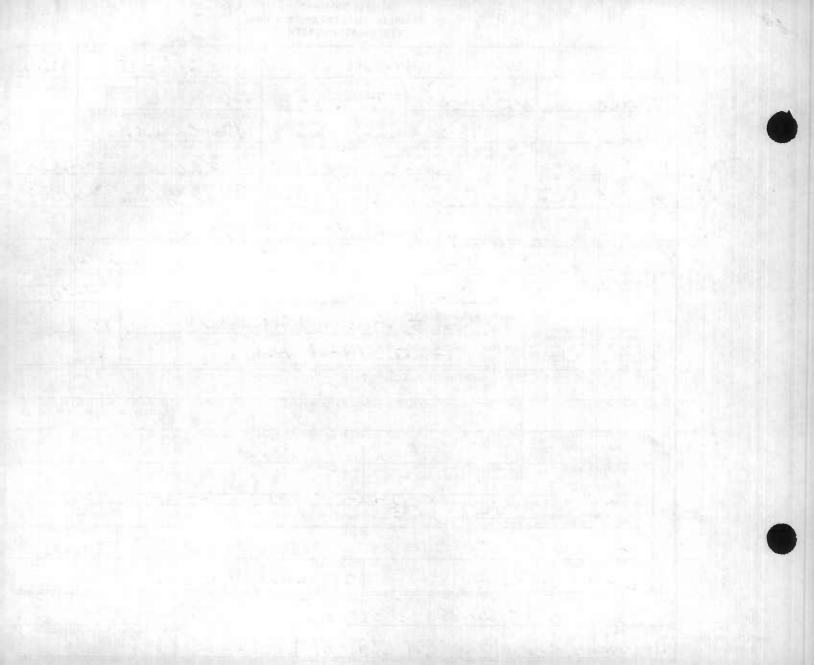
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	1.	FOR STATE REGISTRAR	DEF	ARTMENT OF H	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5	0 4	4 1 0
-		CEASED NAME FIRST	MIDDLE		ST	2a DATE OF DEATH	MONTH DAY YE	_
8 0	2.66	WILLI		110000	IMES	6. AGE (IN YEARS LAST BIRT	2 24 8	> /-AM
	3. SE	MALE	BLACK	5. DATE O	27 3E	53	YRS.	AYS HOURS MIN.
n 72 ho	6	CAROLINA	76 CITIZEN OF WHAT COUN	MARRIED WIDOWEI	NEVER MARRIED M	9. BALTIMORE CITY OF	COUNTY OF DEAT	H MD.
34		ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 130N SEC		R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		ND OF BUSINESS OR TRY
and prince	USU.		ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e.Street address / 954 W. FRAI	ZIP CODE UKLINST /	BALTO. 2/123
() (See 2)	14. F/	ATHER'S NAME	MIDDLE JA!	nes	RACHEL	WE		YOF
Pages			RMED FORCES? 166 SOCIAL 175 WAR OF DATES) 239-1	2-0128	Milton Telli	noton Jr.	8 ShARROW	
emave carbonpap emation, ar remava er traumatic event,		PART I. DEATH WAS CAUSE	TE CAUSE (a)	iae ar	rest of left	t Lung	On 4	PROXIMATE INTERVAL VEEN ONSET AND DEATH L GLAUL -5 WKs.
ease ial, cre or othe		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
ne prior to burial, cre	FICATION	couse (a), stating the	(c)	G TO DEATH BUT		20a AUTOPSY?	206. IF YES, WERE FI	NDINGS USED USES OF DEATH?
Hygrene prior 1 18 shows any in	CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI	G TO DEATH BUT		20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
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hed far use as the burial-transit permit. Tippt of Health and Mertal Hygiene prior tem 21 is marked at Item 18 shows any in		COUSE (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT IN 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK SAW the deceased alive or saw the d	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCURS 21f LOCATION	20a AUTOPSY? YES NO PORTOR RED (ENTER NATURE OF INJUR CITY OR TON	20b. IF YES, WERE FI IN CERTIFYING CAL YES 19 IN ITEM 18 PART I OR PART YN COUNT	NDINGS USED USES OF DEATH? NO T 2) Y STATE
unal-transit permit. Ti tental Hygiene priar ti tem 18 shows any in		COUSE (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT IN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE CONTRIBUTION OF THE AT WORK NOTIFY MEDICAL EXAMINED THE AT WO	CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 19b. CONDITION FOR W 10b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, Contail) attended the deceased	OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 6 that in (my) (aur) apinion of	200 AUTOPSY? YES NOW NED CHYOR NATURE OF INJUR CITY OR TOY death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINCERTIFYING CALL YES VIN ITEM 18 PART I OR PAR VIN COUNT THE AND	NDINGS USED USES OF DEATH? NO T?) T?) STATE L, that (I) (we) lost in the couses stated ASTE SIGNED





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e 64		CEASED NAME FIRST	A MIDDLE	efferson	,			EAR 26 HOUR
e 4 may be ctar. page 3 s after death	3. SE	malal	1 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER T	101
cath. Pagareral direction 72 hours		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUR	NTRY? 8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		TH MD.
on thin de	10 8	TYDE TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OF		12a USUAL OCCUPATI	WORKING LIFE INDU	IND OF BUSINESS OR
SALTIMORE, MARYLAND 2120 care be executed within 1 thousand vision and completely filled the hopers. Pages 1 and 2 should be by old.		AL RESIDENCE (IF NURSING HOME OF TATE		E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	Park 15/201
makyla ed within mpletely and 2 sh	6	HER'S NAME FIRST	WIDDIE	Hum	II MOINER'S MAIDEN N	Cuffyinoole		LAST
IMORE, In and con Pages 1	16/	AS DECEASED EVER IN U.S. AR	RMED FORCES?	1-206/75	17. INFORMANT	affers ADBRI	ow by 2.	1207
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D DV	(b), and (c).)	m-x are	1-1		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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PITAL OR A by the has ERAL DIREC Se detached State Dept. Heman		ZE SIGNATURE ///	m Su	C	ATTENDING PHYSICIAN	MEDICAL STA	FF -	DATE SIGNED
TO HOSPITA etained by TO FUNERAl should be de with the Stot		LA NOLY J,	Penny		2600 Libr	reg Hyth re	Dur	
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 2, 23.85	23c. NAME OF CE	METERY OR CREMATORY	Bulli		STATE
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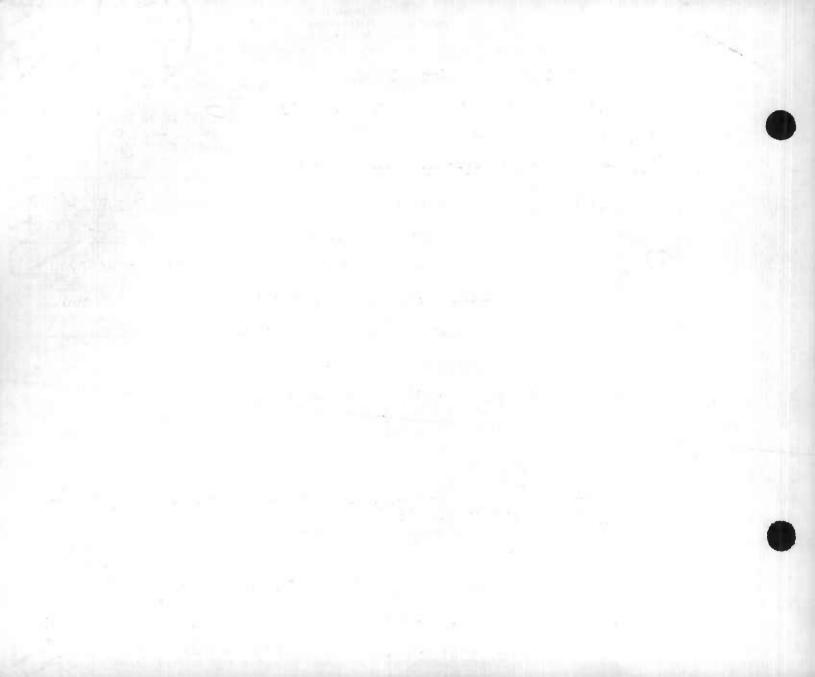
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Miled 3	10 CI	TY OR TOWN OF DE	ATH	I): NAME OF HO	OSPITAL, NURSIN ACILITY, GIVE STREET MEMORIAI	NG HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST CO		126. KIND OF BU	ISINE
and share	13a S	AL RESIDENCE (# NUR STATE aryland	SING HOME OR	OTHER INSTITUTION, GITTY		E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE th Rd.	21239	
Sox Of	100	THER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NA Michele	MIDDLE		Johnson	
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troumo		Conditions, if ony gove rise to im cause (a), stati	mediate ng the	(b)	AS A CONSEQUE		rity ety deliv	very			
ony injury, or other	ICATION	gove rise to im cause (a), stati underlying cause	mediate ng the e last. NIFICANT C	(b) DUE TO, OR A	AS A CONSEQU	DEATH BUT I	NOT RELATED TO THE TER/		206. IF YES,	WERE FINDINGS	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH (TYPE OF PRINT) 02 85 12:15PM 02 BARRY JOHNSON ANTHONY 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Male Black 10 22 43 O BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE CITY Maryland WIDOWED DIVORCED [U. S. A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE Baltimore Co. WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 5257 Linden Heigh 13h COUNTY 13c. CITY OR TOWN Maryland Baltimore ts Ave. Baltimore, Maryland 21215 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Barreda Johnson Dorothy West 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 5257 Linden Heights Avenue 219-40-5625 Baltimore, Maryland 21215 Jacqueline Johnson No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: HEMORRHAGE INTO LIVER AND RETROPERITONEUM DUE TO, OR AS A CONSEQUENCE OF 3 MO IN METASTATIC LARGE CELL LYNG CARCINOMA Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOD 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 26 JAN 220 I certify that (I) (this hospital) attended the deceased from saw the deceased glive an abave ((1)(we) (did) (did not) view the body after death. and that in (my) (our) apinian death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN TO M. EARL HEARD D f 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 2/7/1985 Arbutus Memorial Cemetery BP. Baltimore, Maryland 2501 Gwynns Falls Parkway 24 Nutreenegosons 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SESTAMATE DHMH - 16 50M 4/B3 Funeral Home Inc. Baltimore, Maryland 21216 (VRA 15, 4)

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Buriel 2/7/1985 Armitus Hemorial Comptery Saltimore, Earyland Nutter & Sons 2001 Gaynns Falls Parkway
Functal Fore Inc. Balticord, Maryland 21210



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+	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGII ICATE OF DEATH	
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(TYP	Jean Veln	elle	Noh	nson	Tob 11 85 9 0M
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 HRS
}	Female	Black	MONTH 6	7 34	50 YRS. MONTHS DAYS HOURS MIN.
7a. B	HRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	T01/0 B		BALTIMORE CITY OR COUNTY OF DEATH
1	Maryland	U.S.A.	WIDOWE	D NEVER MARRIED A	Baltimore City, MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION 126. KIND OF BUSINESS OR
	Baltimore	T / DEATA	STREET ADDRESS)	AL CENTER	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
USU	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN				CTDEET ADDRESS / TIP CODE
	Maryland	The second secon	imore		130.STREET ADDRESS / ZIP CODE 1406 N.Gay Street 21213
_	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	E ,
	Frank	Johi	nson	Carrie	Williams
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS
	(YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)		Lorraine P	hillios 1506 N. Collingto
	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF		
NO.	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	STO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURRE	ED {ENTER NATURE OF INJURY IN ITEM 18 PART OR PART ?}
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF			CITY OR TOWN COUNTY STATE
	220. Certify that (I) (this haspi sow the deceased alive an abaye, (I) (we) (did) (did na	720-11		nd that in (my) (our) opinian de	. To, 1925, that (I) (we) ast eath accurred an the date and haur and Iram the causes stated
	27h SIGNATURE	d		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 2/12/85
	J. W.RE	R PRINT)		6115 CH	AS. ST. BACTO. MO. 2123
230.	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COUNTY STATE
	BURTAL	2/16/85	Mount	Zion Cem.	Lansdowne, COUNTY Md.

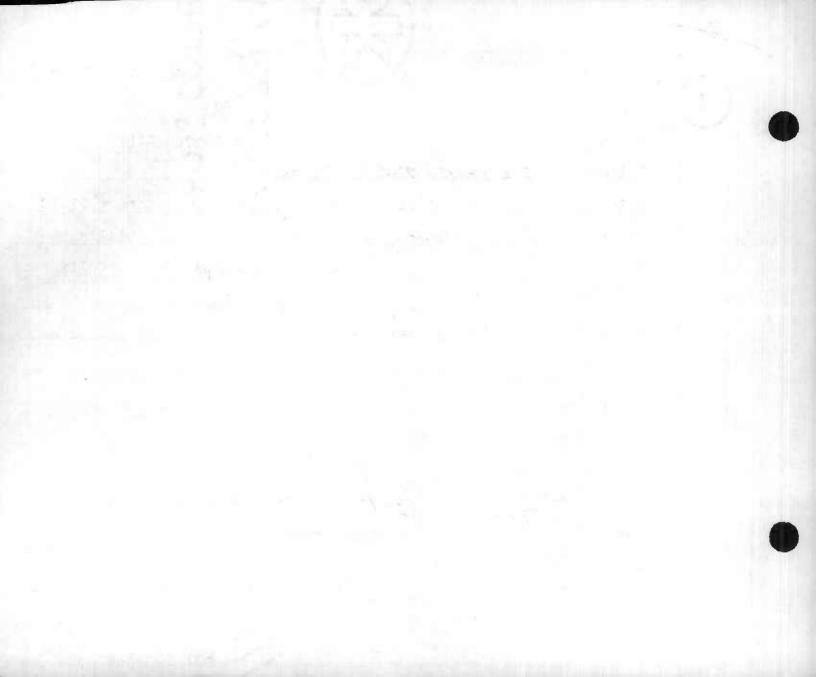
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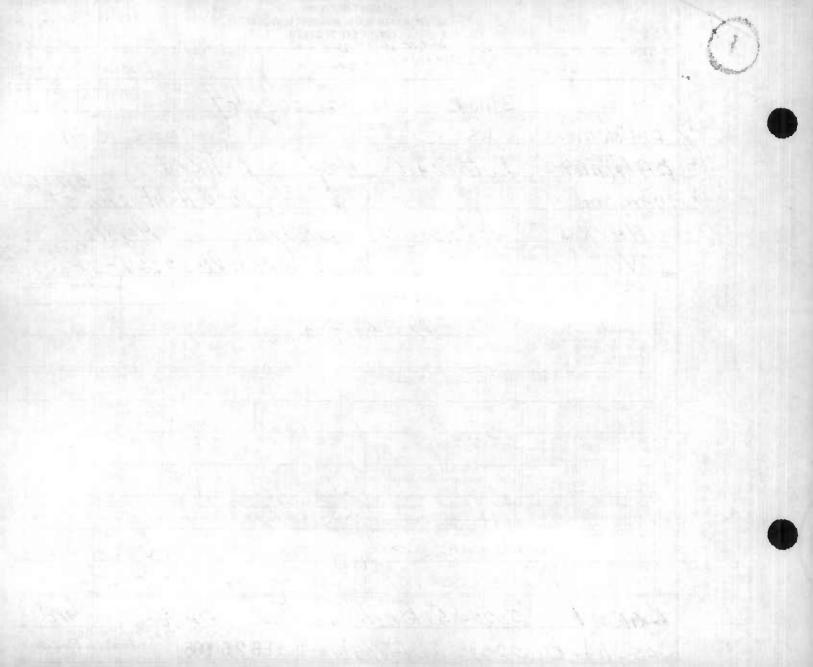
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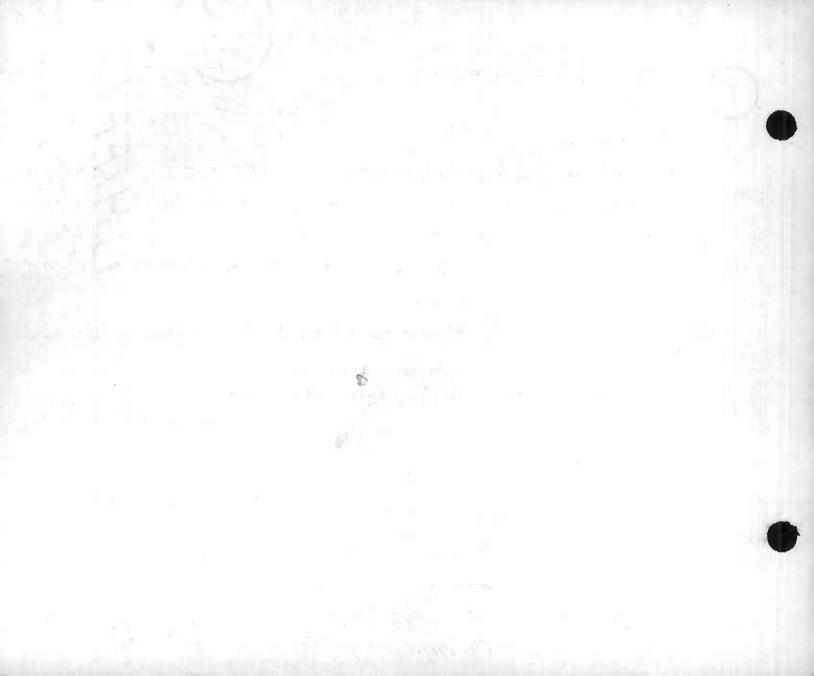
24 FUNERAL DIRECTOR
NAME
Wm C Mar March F/H Inc. 1101 E

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE North Ave.

wie Davidson Andelle





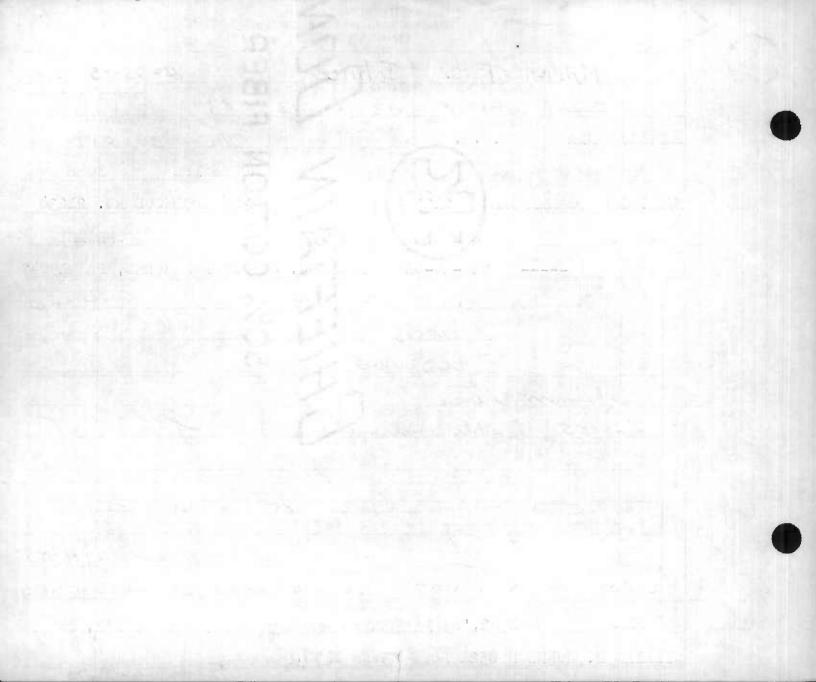


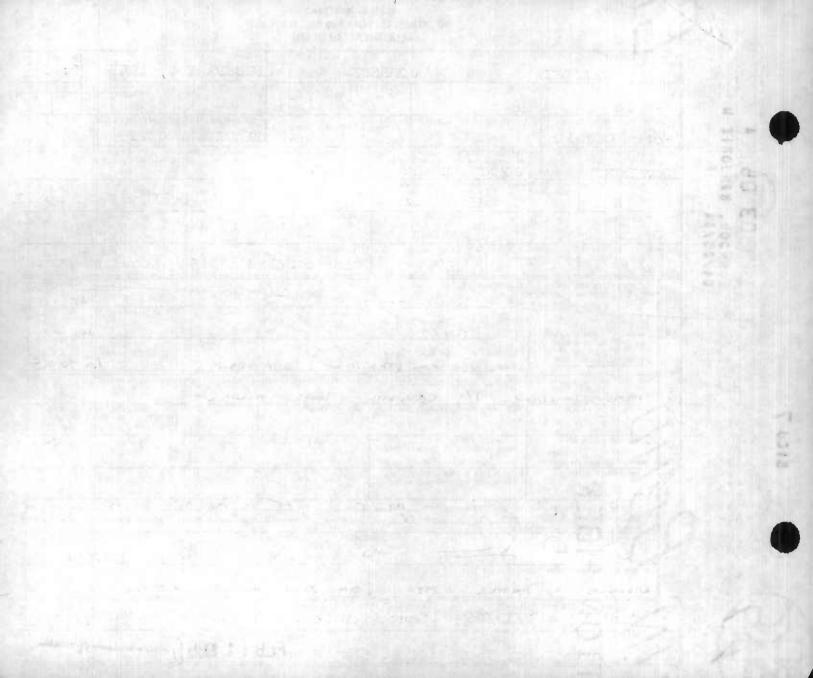
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2	1-	FOR STATE		DEPARTM		IEALTH AND MENTAL HYG	IENE				1 6	
		REGISTRAR		15010	CEKTIF	ICATE OF DEATH		REG. NO.				
	I. DEC	CEASED NAME FIRST	NO T		-	LAST CONTRACT	2a DATE OF D		DAY	YEAR	26 HOU	
			GARET	S.	10	nnson		2			9: 2c	
81	3. SE)		4 RACE		5. DATE C	H DAY YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS	DATS	HOURS	MIN.
		EMALE	WHI	76	03	3 14 1903	8		RS			
0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI		MARRIE	D X NEVER MARRIED	9 BALTIMORI	E CITY OR COU	NTY OF D	EATH		
	-	NNSYLVANIA	U.S.		WIDOWE			LZIMOI		CI.		MD.
7	10 C1	TY OR TOWN OF DEATH		SPITAL, NURSING ACILITY, GIVE STREET		OR OTHER INSTITUTION		OR MOST OF WORKIN		KIND O	F BUSINE	SSOR
1	1	JACT/MONE	monc	4 HOS	PIZA	_	HOUSE	WIFE		HO	ME	
1	13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	NTY I	VE RESIDENCE BEFORE 30. CITY OR TOWI	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP C	ODE	4,4		
7			TIMORE	2123	14	YES NO X	1716	EDGEWO	OOD F	D.	2123	34
50	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		WIDDLE		LAS		
36	e .	JOSEPH		SCHWARZ		JULIA			CC	ONNO	LLY	
		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)	66 SOCIAL SECUI		17 INFORMANT		ADDRESS				
2		NO	2:	18-14-0	108	ALBERT J. J	OHNSON	VLANGHO				9047
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per lin	ne for (a), (b), and	die	- 3 3 1 5 5				BETWEEN	MATE INTER	VAL DEATH
			TE CAUSE (o)	RENA	C F	ALLURS					do	ما
			DUE TO, OR	AS A CONSEQUE	NCE OF					-		-
		Conditions, if any, which	(b)	SEPS	15					2	do	ye
		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF							
		underlying couse lost.	((c)	OCD	190	5 G						
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN	PART 100	,	
_	CERTIFICATION	Hlyheeme	- / //									
2	FICA	DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	5Y? 206 II	FYES, WER ERTIFYING	CAUSES	OF DEAT	H?
	RT	210. ACCIDENT WAS UNDERLYING [7 216. TIME OF	ole Ch	ele	ypliler		NO	YES 🗌		NO [)
>		OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	Mr. HOW INJURY OCCURR	RED (ENTERNATU	RE OF INJURY IN ITEA	A 18 PART 1 O	R PART ?)		
7	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211, LOCATION						
	MED		11e PLACE OF	T, FACTORY, OFFICE, FA	ARM, ETC 1	STREET		CITY OR TOWN	CC	YINUC	\$1	TATE
		AT WORK AT WORK			_	1.3	- 0	136	- 6			
	JA	22a I certify that (I) this hase saw the deceased alive a	100/	deceosed from	55	nd that in (my) (our) opinion of	enth occurred	on the data and			that (I)	
7		obove (I) we (did) did n	ot) view the body of			DEGREE	deom occorred	on the gate ond				red
		L. SIGNATURE	DA	111	_	A D ATTENDING	MEDICAL	STAFF		2c. DATE	20	100-
		270 PHYSICIAN'S NAME LTYPE	OR OR PRINT			PHYSICIAN [DIRECTOR	PHYSICIAN L		of	20/	0)
		LBROY M		MIDT								
-	00.0	/		, ,		22 SOUTH G.			13196	1 m	a d	11301
		URIAL, CREMATION, REMOVAL BURIAL			IAME OF C	EMETERY OR CREMATORY	23d LOCAT	NON	COUR	VTY	51	TATE
		JNERAL DIRECTOR	MARCH2	, 85 PA	RKWC			PTMORE GISTRAR 256, REG	COUL		MD	
4		NAME		ADDRESS	T DAT				GISTRAR'S	SIGNATI	JKE	
	WT	LLIAM E. JOH	INSUN 85	ZI POCL	1 KA	VEN BLVI	4 3000	0				

Tona Daniela

DHMH - 16 60M 7/B (VRA 15, 4)

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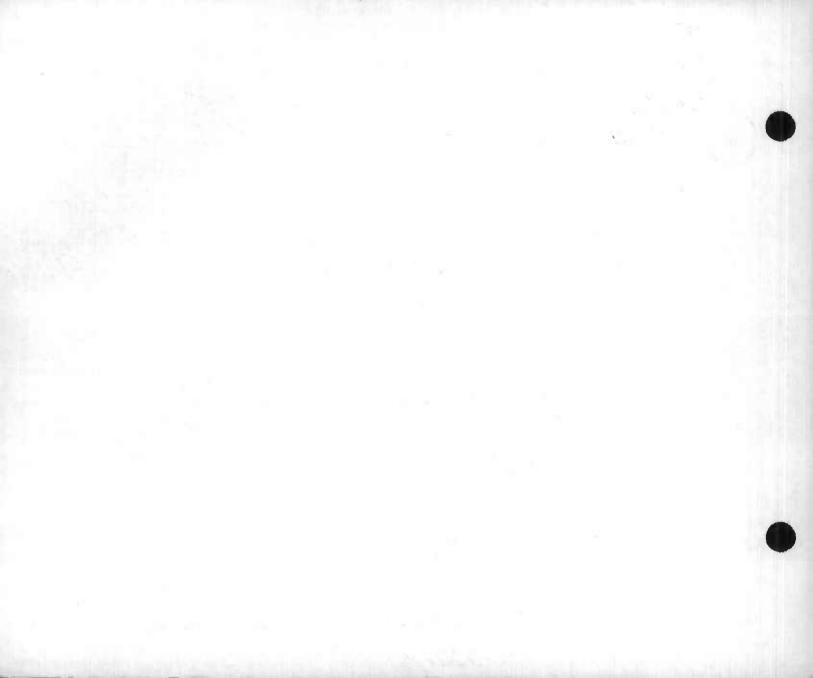
(VRA 15, 4)

STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND



A	1-	FOR STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	SIENE 8 5	0 4 4	128
2		PEARLY	MIDDLE P.	JOHNS	o N	20 DATE OF DEATH	2/22/85	1005 PM
	3. SEX	MALE	4 RACE BLACK	S. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE		9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
8	- 17	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE University o.	STREET ADDRESS)	end Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
5		AL RESIDENCE (# NURSING HOME OF STATE 136 COUL	NTY . 13c. CITY OF		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	1A 21217
70	14 F.A	THER'S NAME NED	MIDDLE JOHNSO	N N	15 MOTHER'S MAIDEN NA	ME MIDDLE	Hanne	AST .
1			VE WAR OR DATES!	SECURITY NO 7096	Lucy Dimmor	address 1513 Gw	yun Falls	Pkwv
		18 CAUSE OF DEATH LEnter of PART I DEATH WAS CAUSE IMMEDIA	nly one couse per tine for 10), (ED BY: TE CAUSE (0)	iopulmo	nary arrest		APPRO	OXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause lost	DUE TO, OR AS A CON	Hiple 01 SEQUENCE OF	gan failure Prostatic car			
	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	lo
1	RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [

RTIFICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \text{\ting{\text{\ting{\text{\ting{\text{\tillift{\text{\text{\text{\tinit}\text{\tex{\tex				
I CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)				
S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19							
MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY OR TOV	vn COUNTY	STATE			

STREET CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) this hospital attended the deceased from
sow the deceased alive on 2/22 19.

(our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED M.D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Md.

Hysel K. Su				u 22 s. W		>+
23a BURIAL CREMATION, REMOVA	2/28/85	23c NAME OF CEMETER Baltimore	YOR CREMATORY 23 Cemetery	Balltimore,	COUNTY	M

24 FUNERAL DIRECTOR Wm CM March F/H Inc. 110 PORE North Avenue

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or oth should be detoched for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to burial,

NAMES OF THE OWNER OWNER. The A. A. Shire is a person of the part of

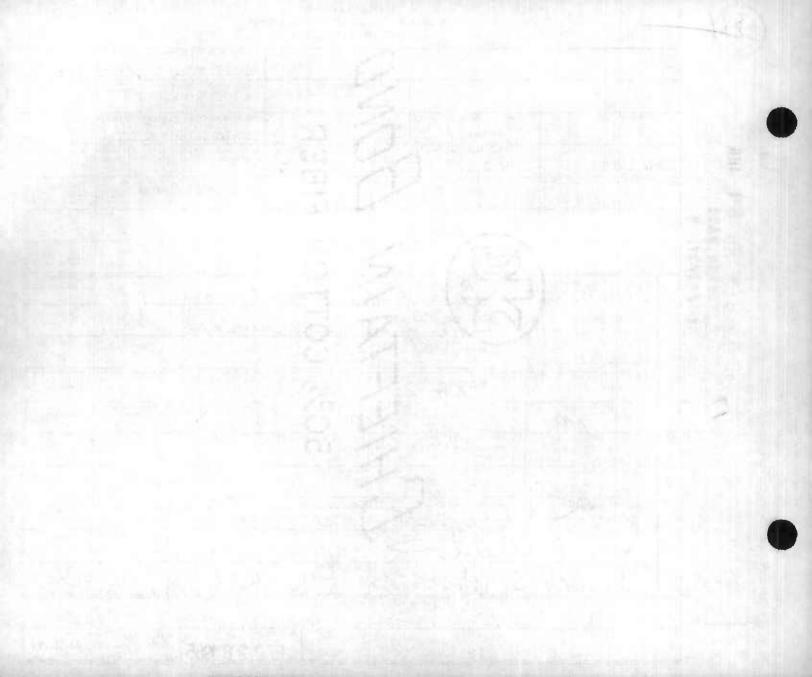
\$	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 9 2 9
1 2	TYPE	CEASED NAME PIRST	Cullins _	July-Son Sr.	20. DATE OF DEATH MONTH D.	+ 85 1950 PM
(I)		MALL	4. RACE WITE	5. DATE OF BIRTH MONTH DAY YEAR	68 YRS. M	FUNDER TYEAR IF UNDER 24 MRS. ONTHS DAYS HOURS MIN.
deoth. Parametrol		RTHPLACE STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED	BALTIWORE CITY OR COUNTY	City MD.
by the f	1	or town of death	South BALTINE	me General	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE (ZETVZEV) Lit	126 KIND OF BUSINESS OR INDUSTRY
in 24 hou y filled in hould be	13a. S	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13E CITY OR TOW	N 13d. INSIDE CITY LIMITS?		Conk & Seal ST 21225
ompletel		JUHN Bradl	1	PIRST EME	anganet MIDDLE	DICKERSON #13
be execu-		no	VE WAR OR DATEST 73501 55	44 DEPEE	r M. Johntstöfts San 3001 Hawaver	Bart var
certificate be executed within 24 hours ing physicion and completely filled in by rhonoppers. Pages 1, and 2 should be fill it removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a) PULMON AR	EY EDEMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth cert he ottending emove corbon motion, or rec		Conditions, if any, which gave rise to immediate couse (a), stating the		MYOCARDIAL INF	ARCT	
ned by the please runted, cre		underlying cause last.	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION GIVE	N IN PART 110
on. hos been sig	CERTIFICATION	METASTATION		ELL CARCINOMI OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
YSICIAN: The ding physicic secretificate buriol-tronsia Mentol Hygin in Item 18 sho		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
NG PHYS offer this os the but thood Mo	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ospitol or ECTOR: A d for use f: of Heol	10	sow the receased alive a above (i (we) (slid) (did n	ottended the deceased from		death accurred on the date and hour	
HOSPITAL OR ATT		THE SIGNAFORE	Lun	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	214 85
TO HOSPIZ retained by TO FUNERA should be d with the Sto	22-	Dr. Pres			HANCUER BALT	- NO 21230
BP		SURIAL, CREMATION, REMOVA (SPECIFY) Thombment UNERAL DIRECTOR	2-8-1985 Lo	udon Park Mauso Leu	CITY OF TOWN	Manuland Ar'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	M	Cully Funeral	Homes 237 E. Pa	M., 21225 tapsco Ave., FEB	1 130010	

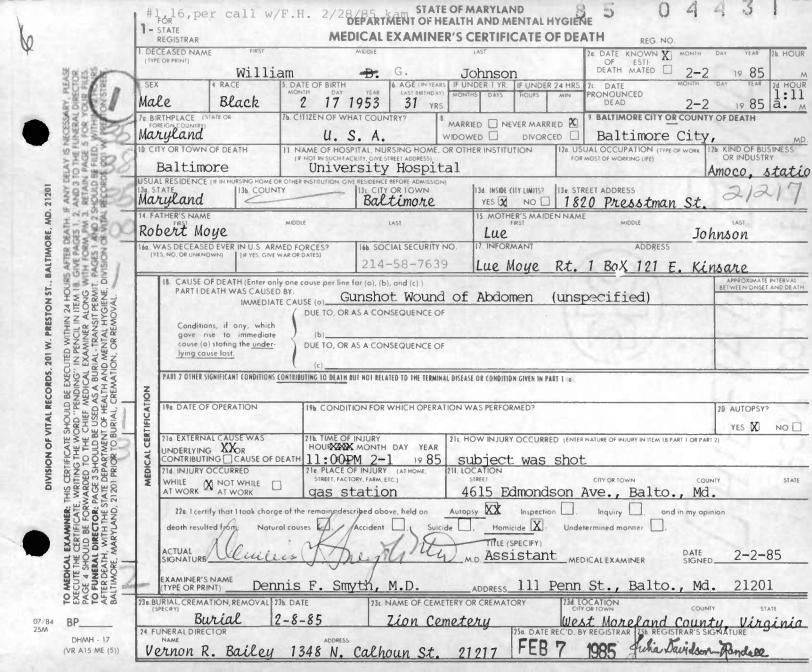
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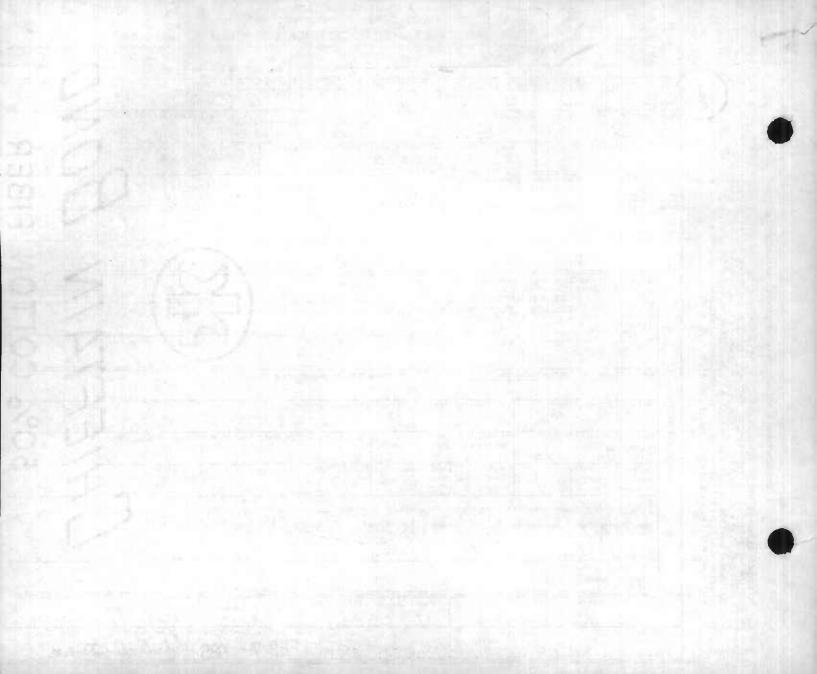
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

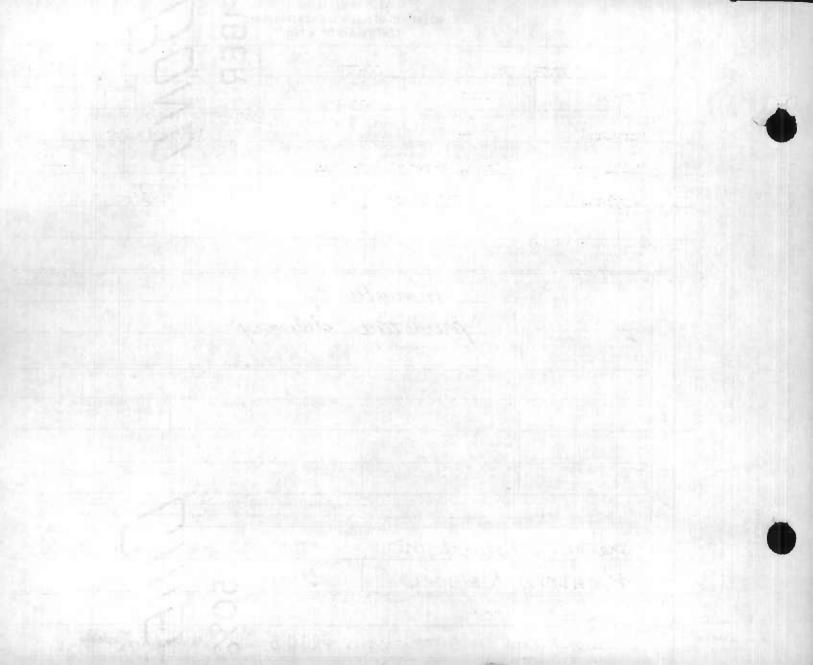
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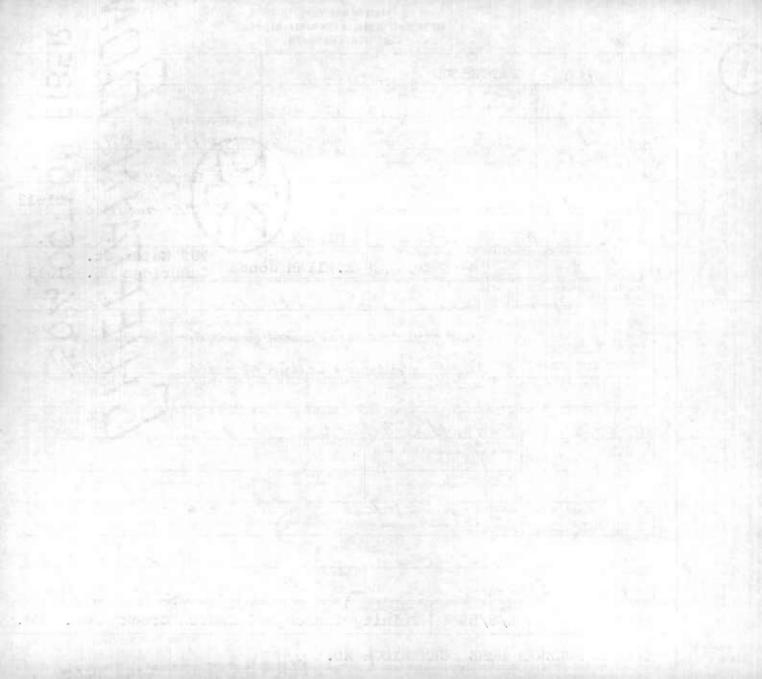




	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE S S	0 4 4 3 2
		CEASED NAME FIRST	WIDDLE	l.	AST		MONTH DAY YEAR 26. HOUR
moy be	(TYP	E OR PRINT)	GIRL	.TO	NES		2-15-85 32 A
A O O O	3. SE		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	
3 6 5 5		Female	Black		15-85	/	YRS. MONTHS DAYS HOURS MI
S ho oth	7a. 8	IRTHPLACE STATE OR FOREIGN COUNTRY) Marvland	76. CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF	ore City
by the functiled within	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME C		120 USUAL OCCUPATION	IZE KIND OF BUSINESS O
		Baltimore /	Union Memor		spital		
24 hou filled in ould be must be	130.	STATE 13h COUL	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOV Balt.im	MN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	zip code 2/2/8 tpelier Street
etely 12 sh	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	DIC	15. MOTHER'S MAIDEN NA		LAST
e executed v		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRE	SS
ires that the death certificating and by the attending physis in please remove carbangop burial, cremation, or removality, or other traumatic event; it		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DBY: TE CAUSE (b) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ATTENS JENCE OF	unity delive		DITION GIVEN IN PART 110
os been sig nos been sig permit. Then ne prior to b ws ony injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NN: The hysicion cate hysicion Hygiel Hygiel		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2]
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OR ATTENIOR hospital DIRECTOR: sched for us Dept. of Hem 21 is		sow the deceased alive or	ot) view the body ofter death.	, or	., 19	, to	19, that (I) (we te and hour and from the causes states
HOSPITAL ined by th FUNERAL wild be dett h the State		PATHLER 22d. PHYSICIAN'S NAME (TYPE FATH LEE	OR PRINT) W NEWELL	n >	PHYSICIAN [DIRECTOR PHYSIC	AND 4/15/85
₽ ₽ ₽ ₹ 3 ¥ —		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR NAME Anatomy B		Balto	CCONC	1986 HY BIGISTRAN	SE PEGISTRAP'S SIGNATURE

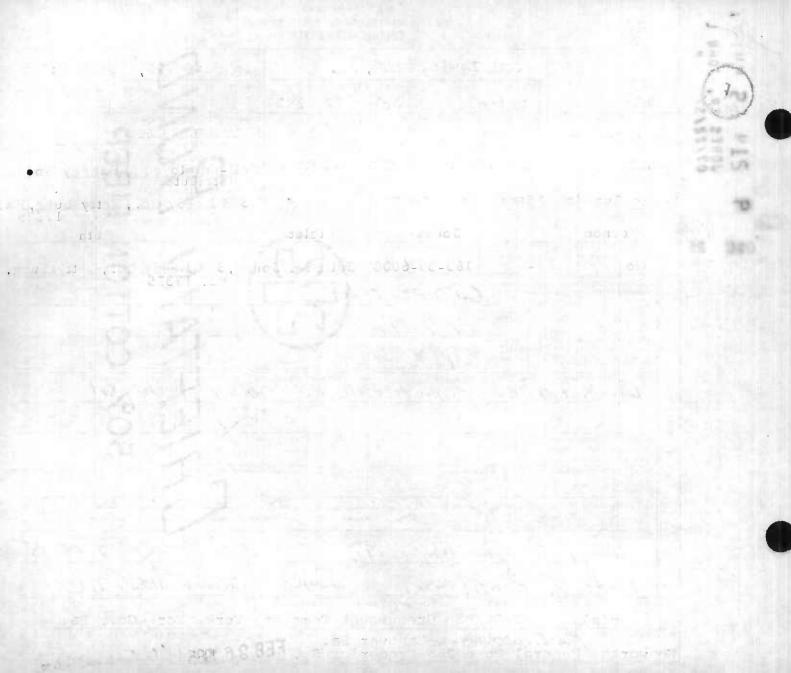


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4		3 SE		I. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
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ter d	1 17	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	JRSING HOME C		12a USUAL OCCUPATE	ON 12b/	IND OF BUSINESS OR
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24 hour	and by	13a. S	TATE	institution give residence 134, CITY OR/		13d INSIDE CITY LIMITS? YES 100 [130 STREET ADDRESS	ZIP CODE	21613
rithin	200	14 FA	THER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE		1457
pa aldri	0/00/	E	DGAR 1	1	es	HILDEGAR		L	NEBR
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o e ex	Pog med		INO		26-4623	E.Allan J			d. 21613
ote b	ol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o) (b	or, and (c)		1		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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bee!	D D D D D D D D D D D D D D D D D D D	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED
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N. T	Hyg N	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR F	ART 2)
g pl	riol-t	S	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
PHYS indin	dw	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY OF	FICE FARM FIC \	211 LOCATION STREET	CITY OR TO	wn cou	INTY STATE
off off	h on h on orked	2	AT WORK AT WORK						
NON A	use of tealth		22a.l certify that (I) (this hospital	ol) oftended the deceased fr	om 1-4	-85 19	. 10 2 - 6	\$5 19	, that (I) (we) lost
ATTE spite CTO	of h	1.00	sow the deceased alive on above, (I) (we) (did) (did not	view the body ofter death	19, or	nd that in (my) (our) opinion	death occurred on the do	ote and hour and fro	om the causes stated
oR , e ha	Chechecher Dept Hen		THE SIGNATURE	()		DEGREE	MEDICAL STAT		DATE SIGNED
TAL y th RAL	Store ANT.		Coffeey C	(oner 1	40		MEDICAL STAF	IAN PO C	2-6-85
ned by	d be She STAR		224 PHYSICIAN'S NAME (TYPE OR	1		22e ADDRESS	71	0 11	
D HC stoine			Henry to	SILEN	Walley To	225. Lie		SAltimo	neM.D.
T P	~ > ~ .		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY		Cana - 3LOUNT	YTO an STATE OF
BP			burial	2/8/85	Trini.	ty Churchya			
	6 60M 7/84	24 FL	INERAL DIRECTOR THOMAS FUNER	AT. HOME C'S	MBRIDGI		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
(VKA	15, 4)		THOUGH I ONDING	THE TRANSPORTED CENT	TATA	The state of	4-19		

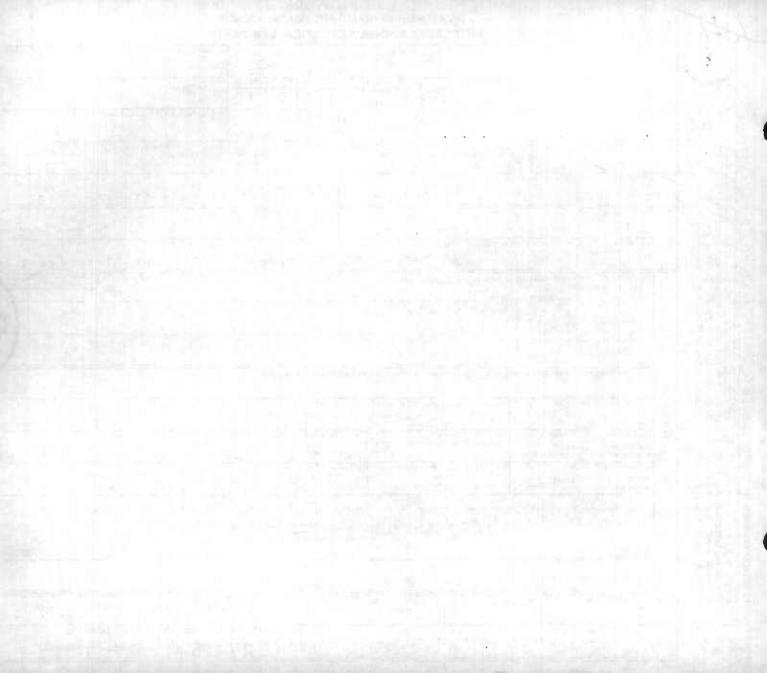


-	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0	4 4	3 4		
		CEASED NAME FIRST	TOUN	MIDDIE TO		AST	20 DATE OF DEATH			2b HOUR		
				Lewis Jo			February		1985	5:15a		
	3 SE)	X	4 RACE		5. DATE O	DAY "" YEAR	6. AGE (IN YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS		
50	1	Male	White	2	Jul	y 22, 1937	7 47 _{YRS}					
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D MEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH			
2		nnsvlvania	USZ	A	WIDOW		BALTIMORE	CITY	Y	MD.		
		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATIO		126 KIND O	F BUSINESS OR		
5	BA	LTIMORE	THE J	OHNS HOL	KINS	HOSPITAL	Self-emplo			ry Good:		
A	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION				. Distribut	or	all	4114		
12	1	nnsylvania Z	Adams	Gettysb	n	136 INSIDE CITY LIMITS?	13e STREET ADDRESS /		2	777		
13		ATHER'S NAME	raamo	10000700	42 5	15 MOTHER'S MAIDEN NA	388 Leedy	Ra.	Gerry	sburg. P		
Z		FIRST	MIDDLE	T		FIRST	MIDDLE		LAS			
	16- 14	Vernon VAS DECEASED EVER IN U.S. AR	WED COUCECS	Jones 116b. SOCIAL SECU	DITYNIO	Violet IT INFORMANT	ADDRES	S.	Ruth	1		
3		YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES									
7		No	-	163-30-	6000	Julie M. Jo	ones, 388 Le	edy F	Rd., Ge	ettysburg		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe	r lipe for yal, (b), and		00=	Pa. 17	325	BETWEEN	MATE INTERVAL ONSET AND DEATH		
	10		TE CAUSE (a)	CAKDIA	C 19	KRESI				<u> </u>		
			DUE TO, C	R AS A CONSEQUE	NCE OF				-			
		Canditions, if any, which	(b)_	CYMPH	OMA	-						
		gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCF OF							
		underlying cause last	(6)	SEPSIS	3				1			
		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVE	N IN PARTA			
	NO	KIVER FAI	LURE	KIDNE	9 1	MILURE 1	HROMBOCY,	ORE	NIA			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN			
	IFIC						YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?		
	ER	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCURE			RT OR PART 2)			
1		OR CONTRIBUTING CAUSE OF DE	NIN .	.M. MONTH DA		1000						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. OF IN JURY	19	211 LOCATION						
	MEI	WHILE NOT WHILE		REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TOW	ч	COUNTY	STATE		
	-12	AT WORK AT WORK			1-25	ac ac	7-75		00			
		220.1 certify that (1) (this hosp			36	19 C) >	to de about	, 11	9_0_	that (I) (we) last		
		saw the deceased alive ar above, (1) (we) (did) (did no	t) view the body	after death.		nd that in (my) (our) apinian i	death accurred an the dat	and hour				
		226. ŞICHATURE	C	0.	4	DEGREE	MEDICAL STAFF		22c. DATE			
_	14	Meny 1 , 1	LOU M	dwill		PHYSICIAN [DIRECTOR PHYSICIA	MUN	10-	25-8		
		224 PHYSICIAN SHAME OFF		10.		22e ADDRESS	14011-	11-	1 -			
		MARY 11	KOR	Kowsk	1	00/4705	HOPKINS	HOSI	PITA			
	23a B	BURIAL, CREMATION, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION					
		Burial	2/28	/85 Gre	enmo	ount Cemeter	y York, Yo	ork C	COUNTY F	a. STATE		

DHMH - 16 60M 7/84 (VRA 15, 4) Kenworthy Funeral Home 269 Frederick St. FEB 26 1985

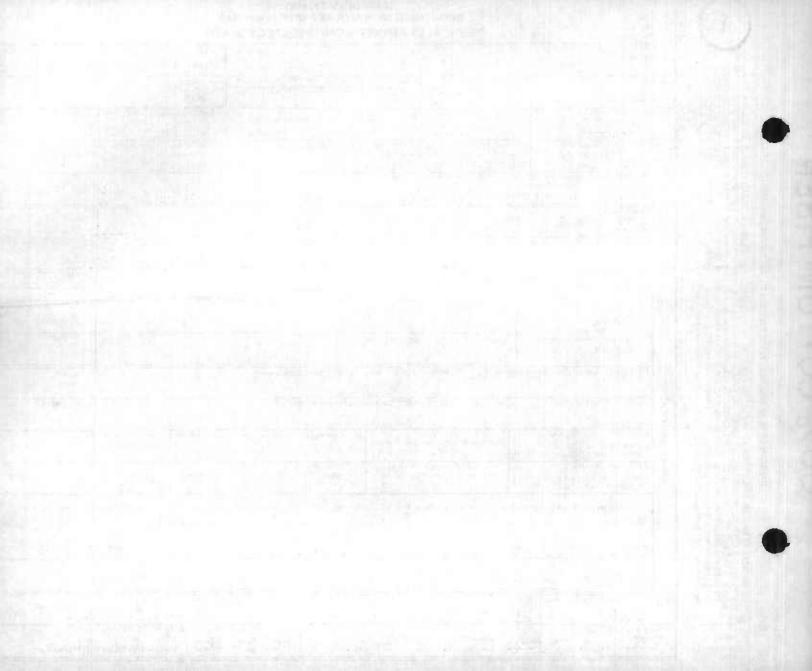


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	(5)		CEASED NAME	FIRST			WIDDLE			LAST			2a. DATE K		MONTH	DAY Y	EAR	26 HOUR
	800 NE	1111	PE OR PRINTY	-Tel	and					Jones	Jr			MATED [2-25	5 198	85	M
	ACT SE	1 SE	K 4	RACE	5. DATI	E OF BIRTH				NDER 1 YR.	IF UNDER		2c. DATE			DAY		
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	SSAL AL	7a. B	IRTHPLACE (STA	TE OR	7b. CIT	IZEN OF WH	AT COUN	TRY?	8 MAR	RIED NE	VED MADD	IED 🗆	9. BALTIMO	RECITY OR	COUNTY	OF DEAT	ГН	
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MA	T-KOROS	14. F	ATHER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAID	ENNAME	MID	DOLE	100	LAST		
35	ARCE TOO		Leland				ones				sa				Pr	iet	cha	ard
W	SSOPE SNOPE	16a. V	WAS DECEASED		RMED FOI		16b. SO	CIAL SECUR	ITY NO.	17. INFOR	MANT			ADDRESS				
BALT	JRS ATTER 3. GIVE P. WITH FOR PAGES I DIVISION		YES						9826	Lind	la Jo	nes	1921	East	31s			
E	2 00 × F.O		18 CAUSE OF	DEATH (Enter of TH WAS CAUS	only one co									Val III	F-S-I		ONSET A	NTERVAL AND DEATH
N	PERMIT SIENE, VAL.		171111021		ATE CAUS	L (0)		Nound		nest								
STO	A PLC		- 1			DUE TO, OR	AS A CON	NSEQUENCE	OF							-		
8	WITHIN SINER A SINER A STRANSIT VIAL HY			, if ony, which to immedia		(b)												
*	284.50		cause (o) s lying cause	tating the unde	ī.) [DUE TO, OR	AS A CON	SEQUENCE	OF					- 1				
201	ON A PER SE		lying coust	2 1051.		(c)									1000			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ATE SHOULD BE EXECUTED NORD "PENDING" IN FINE CHIEF MEDICAL EXALILD BE USED AS A BURIAL TO BURIAL, CREMATION,		PART 2 DIHER SIGN	NIFICANT CONDITION	NS CONTRIBUT	ING TO DEATH 8	UT NOT RELA	TEO TO THE TE	RMINAL DISEA	SE OR CONDITIO	N GIVEN IN PA	ART 1 to						
0	MEDIII MEDIII AS A SALTH CREA	CERTIFICATION																
2	HE FEE	X	190 DATE OF	PERATION	-	196. CONDIT	ION FOR	WHICH OPE	RATION	WAS PERFOR	MED?					20 AUTO	DPSY?	
¥	SHOUL CHIEF E USED TOF H URIAL	Ĕ	0274												-17	YES	XX	NO 🗆
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N	RTIFICATI NG THE V D TO THI SHOULD PRIOR TO	¥	UNDERLYING CONTRIBUTIN	CAUSE O	F DEATH	4:23pm	2-			ubject	was	stab	bed					
152	ING THE SHOULD SHOULD THE PARTY	MEDICAL	21d. INJURY O			21e PLACE O	FINJURY	(AT HOME.		CATION								
- S	ARRITA COR.	E	WHILE AT WORK	NOT WHILE Y		STREET, FACTO	stre	et.	2	701 Hu	go Av	e.,B	alto.,	Md.	COUNT	ſΥ		STATE
	THE PARTY OF STATE OF			that I rook cho		remoins des	ribed obe	ve held an		psy XX.	Inspectio		Inquiry		in my apini		177	
.01	A SA SEA		deoth resulted	/ 1	tural cause	191	Accident	[uicide L	-	cide XX		ermined man		п ту арт	idii		
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	TO MEDICAL EXAMINATED THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYLA		EXAMINER'S N	IAME T)	enni	s F. S	myth	, M.D.		_ADDRESS_	1.1.1	Penn	St.,	Balto.	, Md	. 2	120	1
	588548 8	23a B	URIAL CREMATI							OR CREMATO		23d. LC	CATION					
07/84	RP	B	PURIAL		3/2	2/85	Ch	urch	Cem	etery		Gi	reenv	ille,	COUNTY	N	. CSTAT	E
2566	0.000	24 F	UNERAL DIRECT	OR							25a. DATE	REC'D. BY	REGISTRAR	256 REGIST	RAR'S SIG	NATURE		
	DHMH - 17 (VR A15 ME (5))	7	Im C Ma	rch F	H II	n c ADDRES	101	E No	rth	Avenu	eFFR	27	1985	Julia Do	widson	- Pano	tall	



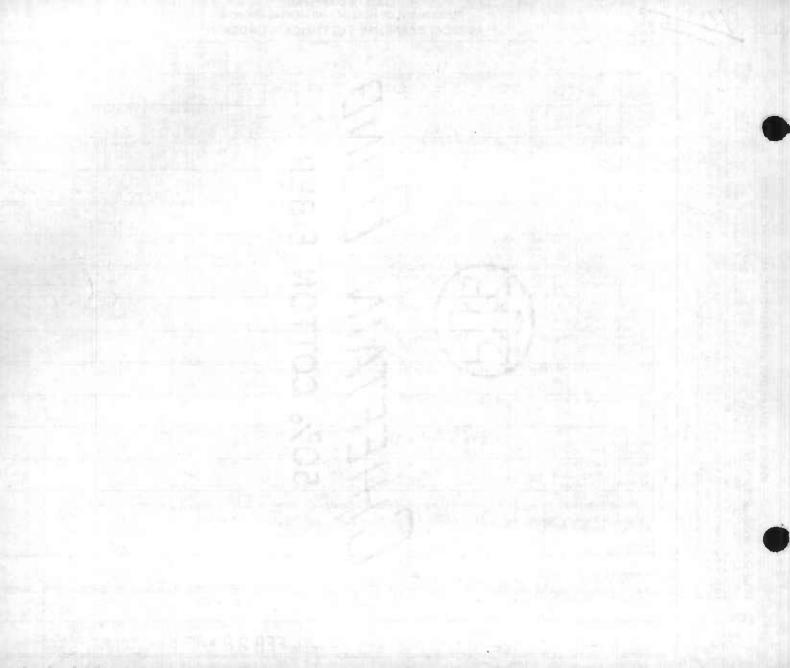
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		STATE REGISTRAR		MED	ICAL	EXAMINE	R'S C	ERTIFIC	CATE OF	DEAT	Н	REG.	NO.			
35		CEASED NAME	FIRST		MIDDLE		i	AST		20		KNOWN	MONT	TH DAY	YE AR	2h HOUR
	1	CONTRACT	DELOR	ES			JO	ORDAN		61	OF DEATH	ESTI- MATED	₹ 2	22	19 85	5 M
	3 SEX	Female	Negro	S. DATE OF BIRTH	948	6. AGE (IN YEAR LAST BIRTHDAY 36 YRS			HOURS		DATE RONOUN DEAD	NCED	MONT	23	19 85	12.40
5	Jer BI	RTHPLACE (ST. REIGN COUNTRY) Maryl	and	76. CITIZEN OF WH	AT COUN		MARRIE		ER MARRIEI				y <u>or cou</u> re Ci			MD
	1	TY OR TOWN O		11. NAME OF HOSE (IF NOT IN SUCH FACE 36 S. C.	ILITY, GIVE S	RSING HOME, TREET ADDRESS)	OR OTHE	R INSTITUT	ION	FOR MC	L OCCU	PATION (TYPE OF WOR	K 12b K	IND OF 8 OR INDUS	USINESS
5	USU /	TATE Md.	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV		BEFORE ADMISSION OR TOWN		13d INSIDE (II YES 🔀	TY LIMITS?	36 S	T ADDRE	ESS	ton R	2d.	21	223
17	14. F/	HOMET		WIDDLE	1-4-	LAST		FII	R'S MAIDEN			MODLE			LAST	
-			EVER IN U.S. ARA		latso	N SECURITY	NO	ES.	ther			ADDRE		ris		
	(Y	ES, NO, OR UNKNO	WH) (IF YES, GIVE	WAR OR DATES)		-50-160			Harri	is	Wilm		on, I	Pel.		
		Condition gove rise	IMMEDIAT s, if ony, which to immediate stating the under-	DUE TO, OR	unt f			-cere	ebral	trau	ma			881	APPROXIMA	TE INTERVAL
	CERTIFICATION	19a. DATE OF	OPERATION		ION FOR	ITED TO THE TERMIN	TION WA	AS PERFORA	MED?						AUTOPS	
13			Ø OR IG ☐ CAUSE OF D	DEATH ? P.M.	MONTH 2-2	DAY YEAR 22- 1985	Sub	ject	occurred struc				A 1B PART 1 OR	PART 2)		
	MEDICAL	216 INJURY O WHILE AT WORK	CCURRED NOT WHILE X AT WORK	21e PLACE O STREET, FACTO hoi	DRY, FARM, E		36 S	REET	verto		CITY OR TO	wN alto.		COUNTY		STATE Md.
	1	74 10	y that I took charg d from Natur	e of the remains described causes	Accident	, Suice	M.I	TITLE (SF ASS1	Inspection de X PECIFY) Stant 111 Pe		AL EXAM	AINER	DAT SIG	TE 2-	-23-8 21201	
BAITIMORE, M	23a. B	JRIAL, CREMAT	ION, REMOVAL 2	3b DATE	23c 1	NAME OF CEM		CREMATO	RY	23d. LOC	ATION		c	OUNTY		STATE
		Burial		Feb. 28.	85 J	hn West	Ley (em.				Milh	and	D	08	
))		ineral direct		lass 1348	N. C	alhoun	St.	2	FEB 2	26 L	985	Fichia	- David	s signa	ander	2



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1			CEASED NAME	FIRST		MIDDLE			LAST		2a. DATE KI	NOWN	MONTH	DAY YEAR	26 HOUR
	2 a . 18 E	(111)	EORPRINT	FRANK		Ε.)T,	ORDAN		OF DEATH A	ESTI-	2 :	22 19 85	5
	PLASE PCTOR. FILES HOURS STREET,	3. SE)	(4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE.	ARS IF UN	DER 1 YR. IF U!	NDER 24 HRS.	2c. DATE		HINON	DAY YEAR	20 110011
	S NECESSARY, P. FUNERAL DIRECTOR YOUR FOR WITHIN 72 NO.	ma	le l	Black	11 9	33	51 Y	11101411	S DAYS HOU	JRS MIN	PRONOUNC DE AD	ED	2 :	23 19 85	12:40
	RESIGNATION OF THE PROPERTY OF	7a BI	RTHPLACE (SI	ATE OR	76 CITIZEN OF WH	IAT COUN	VTRY?	8 MARRI	ED M NEVER A	MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
	SAN	V	irgin		U.S			WIDOW		VORCED		imore (MD.
	ZESES/	10. C1	TY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTH	ER INSTITUTION		UAL OCCUPA MOST OF WORKIN	ATION (TYPE OF	WORK I	OR INDUS	USINESS
	SS PATE	HELL	Baltim		36 S. Ca	alver	ton Rd								
21201	12, AND 3 TO 13. RETAIN PASS SHOULD BE FALL REPORTS STORY OF THE PROPERTY OF T	13a S	tate larylai	136 COUN	ROTHER INSTITUTION, GIV TY	113c. CITY	e before admissi Y OR TOWN 1 1 t i mo	4 - 6	13d. INSIDE CITY LIM		N. C	s alver:	ton	Rd. 2	1223
MD.	- C/	14. F/	ATHER'S NAME		MIDDLE		LAST		15 MOTHER'S A					TAST	
	N 25		Nathai				dan		Mar		Milli	544	Hill	liard	
IMO	FORM ON OF	160 V	ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORMANT	T		ADDRESS			
BALTIMORE	JRS AFTER 8. GIVE PA WITH FOR DIVISION		YES			216	-38-9	993	James	Н. Ј	ordan	1015	W.	Fayet	
			18 CAUSE O PART I DE	ATH WAS CAUSED	y one couse per line DBY.									BETWEEN ON	SET AND DEATH
NO	IN 24 HOUR IN ITEM 1B. ALONG W SIT PERMIT. HYGIENE, D MOVAL.			IMMEDIAT	E CAUSE (o)_BL				-cerebr	al trai	ıma				
W. PRESTON ST.,	ENTHIN 24 I		Condition	ns, if any, which	DOE TO, OK	AS A COI	NSEQUENCE (Jr							
× .	WINE TRAINE OR RI	111		se to immediate stating the under-	(b)	AS A CON	NSEQUENCE ()E							
201	EXAP IAL- ON, O	93	lying cou	se last.	(6)										
	XECL VAIC		PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELA	ATED TO THE TERM	INAL DISEASE	DR CONDITION GIVE	N IN PART 1 (a),					
DIVISION OF VITAL RECORDS.	HOULD BE EXECUTED WIND "PENDING" IN PENNING" IN PENNING" IN PENNING PE	NO O													
8	MNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS HATE STATE DEPARTMENT OF HEAL MAND, 21201 PRIQR TO BURIAL, CR	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?	?				20 AUTOPS	Y?
VI	S S S S S S S S S S S S S S S S S S S	TIE							40.					YES 😾	NO 🗆
9	るがまるからろ	LCES	LINDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M	MONTH	DAY YEAR	21c. HC	OW INJURY OCC	URRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART	T I OR PART	2}	
NOIS	ARITH CANADA)CA	CONTRIBUTION CONTRIBUTION	NG CAUSE OF E	P.M.				ject st	ruck or	head.				
DIVE	RITIN RITIN ROED RE 33	MEC	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, E		S	TREET		CITY OR TOWN		COUN	NTY	STATE
	E. WAI		AT WORK	AT WORK	hor	ne				erton F	ka.,Bal	ito.			Md.
	AND AND				e of the remains desi					pection .	Inquiry		n my opir	nion	
	RECTIFIED BE BEEN BEEN BEEN BEEN BEEN BEEN BEEN		death results	ed from: Natur	ol couses [],	Accident	L.J., Su	icide 🔲	, Hamicide		ermined mon	ner .			
	WAY WELL		ACTUAL SIGNATURE	MM	AX	-			TITLE (SPECIF D. Assist				DATE	2-23-	-85
	SEAT SHEET			1					D. <u>MSS1.5C</u>	MED_MED	ICAL EXAMIN	JER	SIGNED	2-25	-03
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	1986	EXAMINER'S (TYPE OR PRIN	Ann Ann	M. Dixon	, M.D).		ADDRESS 11	1 Penn	St., E	Balto.	, Md.	. 2120)1
	525544 —	23a.B	URIAL CREMA	TION, REMOVAL 2	3b DATE / 85	23c. 1	NAME OF CE	AETERY O	r CREMATORY rn Cem	23d. LC	CATION		COUNT	Υ	STATE
07/84 25M	BP				3/2/03	11	Juil	Aubu			i'l'Wimo			Md	•
23M	DHMH - 17		NAME		ADDRESS				-	DATE REC'D. BY		255 REGISTE		~ ·	00
	(VR A15 ME (5))	W	m C Ma	rch F/H	Inc. 1	101	E Nor	th A	Venue	LR Y C	1985	1-1	-J- (1463O	1 1 1000	



should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cr. IMPORTANT: If them 21 is marked or them 18 shows any injury, or oth TO FUNERAL DIRECTOR: After this

1 - STATE

STATE OF MARTLAND										
DEPARTM	ENT O	F HEALTH	AND	MENTAL	HYGIENE					
	CERT	IFICAT	E OF	DEATH						

1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG NO)			
	ECEASED NAME FIRST		MIDDLE	-	AST		MONTH DAY	- Transmitte	35. HOUR	
110	CHARI	ES	JOE	RDAN		FEBRUARY	21 1	985	1:00A M	
3 SE		1 RACE	001	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	DATE NO.	INDER 24 HRS	
	Male	Black		MONTH 5	15 11	73	YRS	1		
lo B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	MD	
1400	CITY OR TOWN OF DEATH			G HOME (Balto.		135 KIND OF	NICON SCORE	
	Balto. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Hosp. AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)			SK OTTEK INSTITUTION	(TYPE OF WORK FOR MOST OF		INDUSTRY			
₩5t	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
	Md.		Balto.		YES NO	201 N. Br		212	231	
14. F	ATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAIDEN NA			LAST		
160	WAS DECEASED EVER IN U.S. A	166 SOCIAL SECU	SOCIAL SECURITY NO. 17 INFORMANT		ADDRESS					
	Unkn.	YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)								
	Unkn. 110-05-2128							APPROXIM	ATE INTERVAL	
1	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST						BETWEEN ON	ASET AND DEATH		
	IMMEDIA				1111					
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which (b) RENAL SHUT MOKN DOWN									
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost. OVERWHELMING SEPSIS									
N N	PART CHER SIGNE AND CONTRIBUTED BROWN THAT ASTHMAN CHRONIC OBSTRUCTIVE DISEASE, SUPERIOR VENA CAVA SYNDROME									
CERTIFICATION	19.BULMONARY	196 CONDITION FOR WHICH OPERATION WAS PERFO			N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDINGS USED		
E						YES NOT YES		NG CAUSES OF DEATH?		
- 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		21c HOW INJURY OCCUR			LOPPARIZI	140	
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	The state of the s	(ENTER ANTORE OF INJUR	THE TEM SE PART	CORPANI 27		
S	(IF EITHER NOTIFY MEDICAL EXAMIN		M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
	AT WORK AT WORK				124	_ 10= Ev / _				
	270.1 certify that (II (thXiXspital) attended the deceased from JANUARY 1, 1985, toFEBRUARY21, 1985, that (IIXwe) lost									
	sow the deceased alive on FERRIARY 21 1985 , and that in (my) (X_{r}) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (divinity) view the body after death.									
	776. SIGNATURE DEGREE							22c. DATE SI	IGNED	
	Carol S. Ramse D.O. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X							2 21	185	
100	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		" CHURCH HOSPITAL						
	CAROL S. RAMSEY D. O. 100 NORTH BROADWAY 2121							212	31	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE	
	Removal	2/2	4/85			CITORIOWN	C	OUNIY	STATE	
24 F	UNERAL DIRECTOR				75g DA1	E REC'D. BY REGISTRAR	75h REGISTRAL	R'S SIGNATUE	RE	

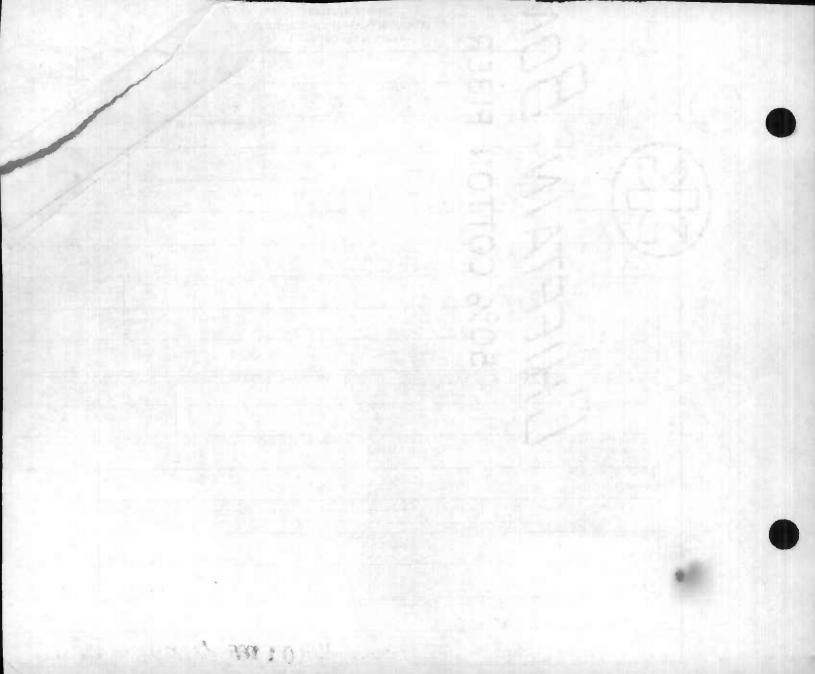
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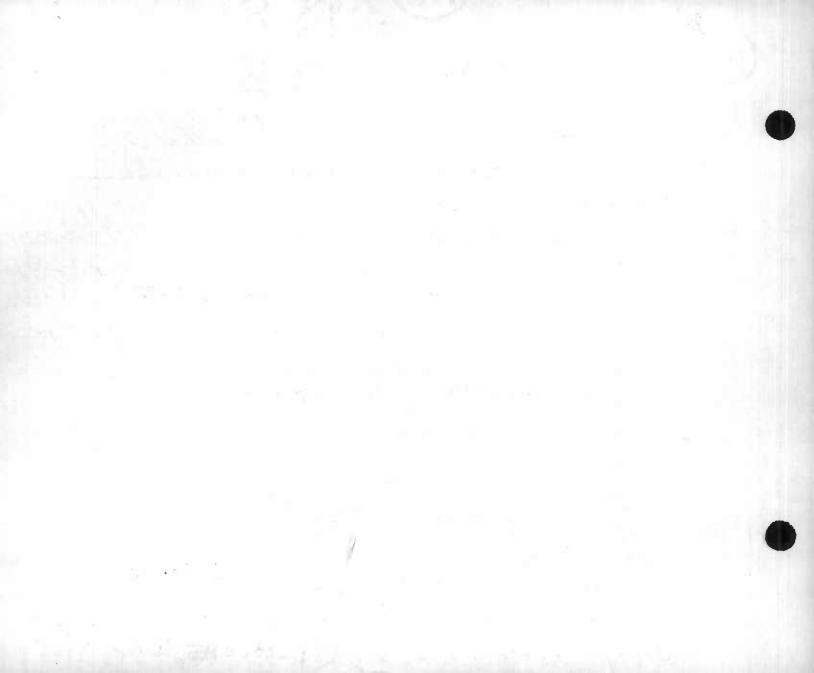
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(9)	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
) [DECEASED NAME FIRST	rett Helen	Jorday	2a. DATE OF DEATH MONTH	15 85 SA			
	Female	Col Am	E OF BIRTH ONTH BAY 196AP	1 AGE (IN YEARS LAST BETHGAY)				
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medicol	(YES TO R WANDOWN) (IF YES, C	RMED FORCES? IVE WAR OR DATES) 166 SOCIAL SECURITY NO	Mrs. FRAN	is Brown ex	ply Rd 212			
ny injury, or other tr		DUE TO, OR AS A CONSEQUENCE O (c) CONDITIONS CONTRIBUTING TO DEATH F	BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED			
18 shows or	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	YES NO IN CE	RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2)			
Hea	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED		9 211 LOCATION					
orked o	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.		CITY OR TOWN	COUNTY STATE			
of Heal	saw the deceased alive of	in	, and that in (my) (aur) apinion	n death occurred an the date and	hour and fram the causes stated			
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with the State	Wm. F	Mehner	322	2 St. Va.	met out 4			
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4/83	24 FUNERAL DIRECTOR		25e. D/	ATE REC D. BY REGISTRAR 251, REC	ISTRAR'S SIGNATURE			



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	1ALOR ATENDING PHYSICIAN. The tow-requires that the depth certificate be executed within 24 leavin after shalf. Page 4 mony the hospitol or othershing physician.	RAL DIRECTOR, After this certificate has been lighted by the attending physicities and completely filled to by the funeral director, policy described to use as the burnal transit permit. Then please carbonispopers. Pogard, and 2 should be filled written 22 hours often dust begin at Health and Mexical transition, are removal. If there 21 is marked or from 18 shares any injury, or other traumfall, the medical applicate that be published by the contraction.

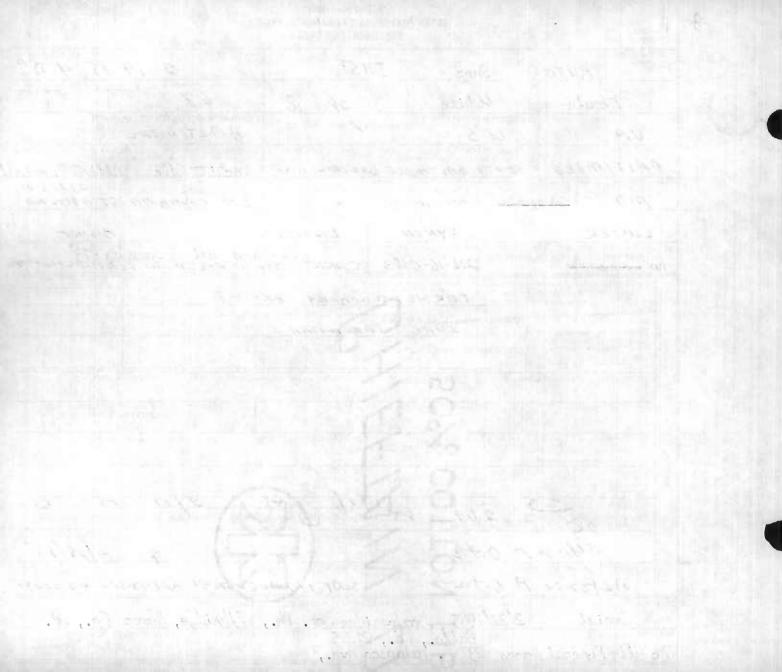
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE 26 HOUR TYPE OF PERUIT 8 0 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 HRS SEX MONTH DAY BALTIMORE CITY OR COUNTY OF DEATH TATE OF FOREIGN Th CITIZEN OF WHAT NEVER MARRIED MARRIED COUNTRY DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS SIDENCE SELECTE ACT 136 COUNTY LY OR TOWN 13d INSIDE CITY LIMITS? ALTO. YES 2 NO 15 MOTHER'S MAIDEN NAME IL FATHER S.MAME MIDDLE ADDRESS 17 INFORMANT APPROXIMATE INTERVAL 18 CAUSE OF DEATH iEnter only one couse per line for ial, the and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate course (a), storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse 2 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 206 IF YES, WERE FINDINGS USED THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO | CERT 21st ACK DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR DECOMPRISHED [] CHILD OF DEATH MEDICAL OF EITHER, NOTHY WEDICAL EXPAINABLE P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AMILE D NOT WHILE D 83 220 1 certify that (1) (this hospital) attended the deceased from that (It (we) lost sow the deceased alive an above, (1) (we) (did) (did not) view the body after death. .. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ORT, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE CITY OR TOWN BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D DHMH - 16 60M 7/84 3218 HUDSON 51 (VRA 15, 4)

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DIVISION OF VITAL RECORDS,

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physici physici physici phygin m 18 sh		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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TO HOSPITAL of the certain of the ce		ALFonso			anoverst barn	mone MD 212
F 5 - 4 - 3	23 a	BURIAL, CREMATION, REMOVAL	1 1 0	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY . STATE
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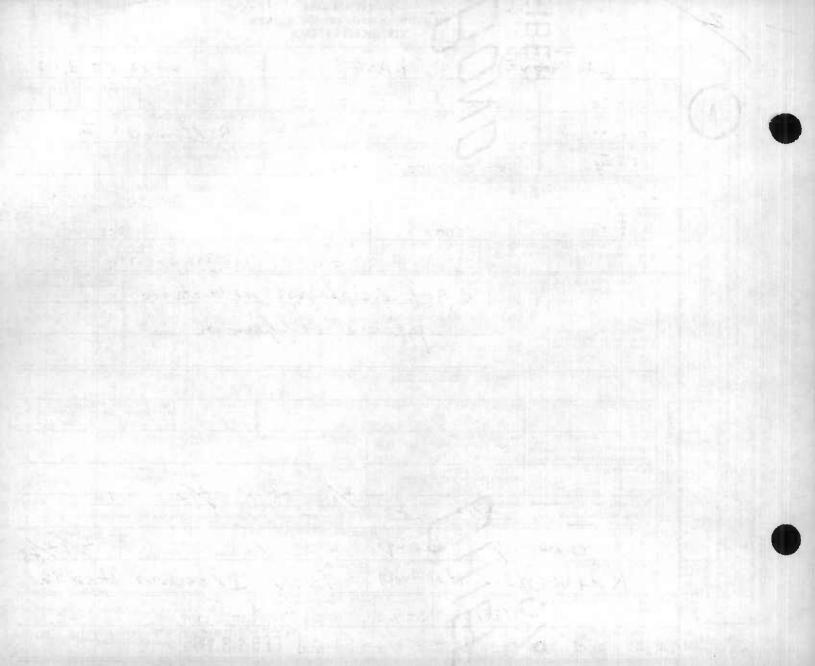


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STATE OF MARYLAND

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THE OF MARKETANES	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

l - STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OR PRINT)	LEF. HANZ	LER	20. DATE OF DEATH MONTH	2 6 1/10-
	WHITE S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
COUNTRY)		NEVER MARRIED	BALTIMORE CITY OR COL	
BALTO. CITY	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Edgewood Nursing Hot	PR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR IT IS A STATE IS A COUN MARYLAND		13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / ZIP 6	code re.Balto.,Md.21239
14 FATHER'S NAME FIRST Samuel	Foulke	IS MOTHER'S MAIDEN NAME FIRST	WE	Weems
16a WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 212-26-4569	Donald F. Ka	nzler 30 Haddi	ngton Rd. 21093
PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), and (c).) D BY: E CAUSE (o) Color or reach Lan	accident		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF (c)	Carliovar	alm Toppears	2 years
	ONDITIONS CONTRIBUTING TO DEATH BUT			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART (OR PART 2)
OR CONTRIBUTING CAUSE OF DEA! (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

220 I certify that the his hospital ottended the deceased from saw the deceased crive an abave (1) we ((did) (did not) view the body after death SIGNATURE

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and hour and Iram the couses stated

22¢ DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Walter R. Welzant, M.D.

23b. DATE -85

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If them 21 is morked or them 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician

> 24 FUNERAL DIRECTOR Lu verzi

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Gardens of Faith BALB MD 21236

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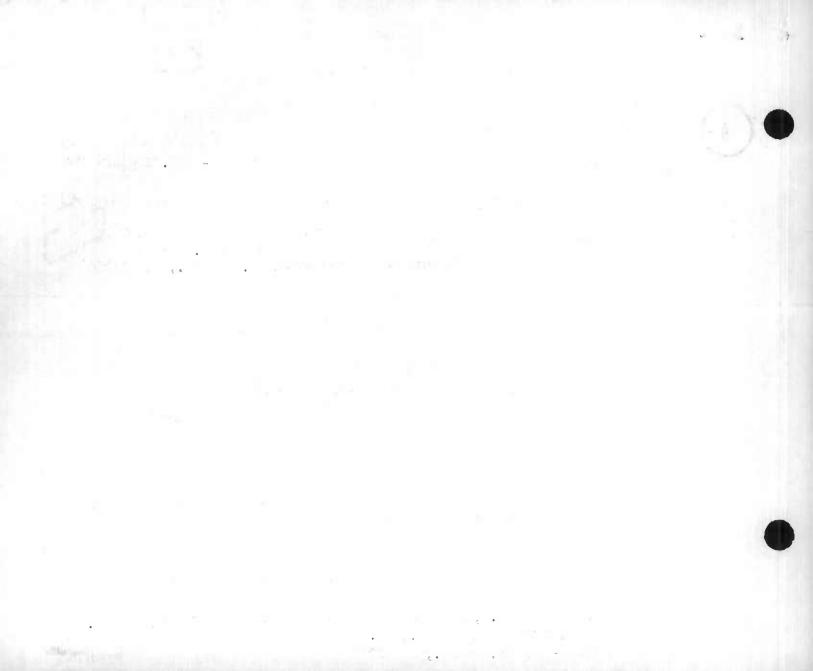
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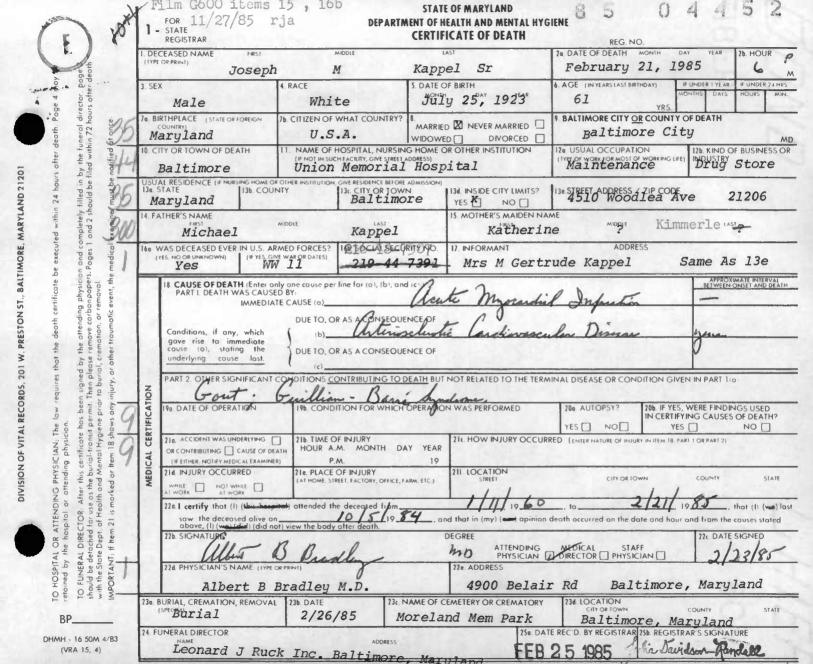
23d LOCATION COUNTY Baktimore, Maryland Baktimore, Maryland REGIS MARIS SIGNAPOR

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1.05/	REGISTRAR CEASED NAME 500		MIDDLE		AST	12.0	REG. N		DAY YEAR	26 HOUR
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3. SE)	-	4. RACE		5. DATE C			GE (IN YEARS LAST BE	THDAY)	MONTHS DAYS	HOURS MIN.
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11	NO	its, one was or orits;	10-980	-1479	4723 BYRO	N RD.	BALTO.	. MD	21208	
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	210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (# EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A		DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 I	PART I OR PART 2)	
MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE [AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC }	211 LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
	226. SIGNATURE	Jabaka	7 19	85 . or	5 - \$6 , 19 uid that in (my) (aur) april DEGREE ATTENDIN PHYSICIA	inian death	o 2 - 4 occurred on the d DICAL STA ECTOR PHYSI	ate and hou	or and from the	that (1) (we) la couses stated ESIGNED 2-85
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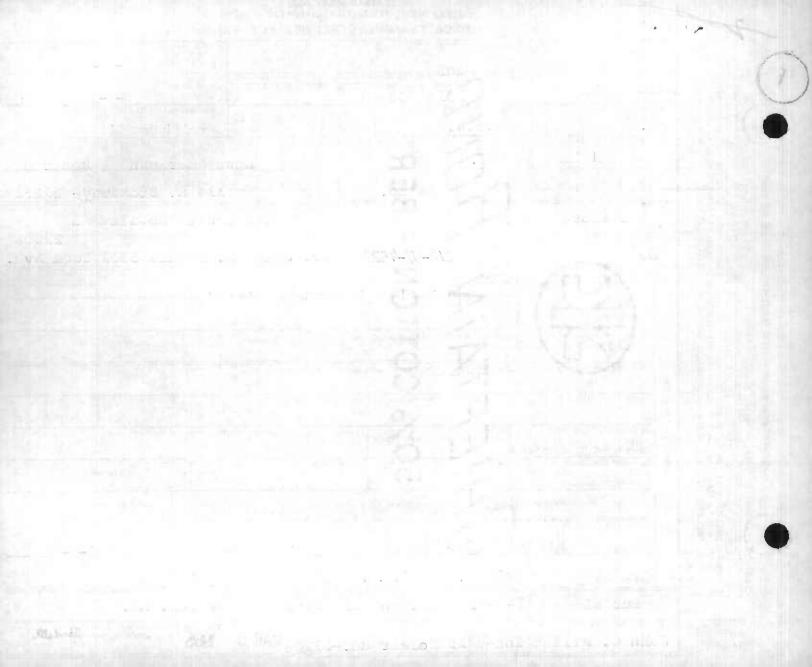
/	{TYPE	CEASED NAME Edward			chenbach	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 1985 1.4	5 PM
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35	13a. 3	Maryland Bal	OR OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION	YES NO THE	13e STREET ADDRESS 281 Lan	ZIP CODE	21221	
182) F	John Kasch	enbach LAST		15. MOTHER'S MAIDEN NA	MIDDLE	Jacobs	LAST	
2		VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES. C	RMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 212 30		Rita Pfarr		743 Earh alto., M		
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS -- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR TYPE OR PRINTS SIDOR 8-5 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED TIMORE WIDOWEDLE DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY PLUMBING 130 STREETS DUROS CT₋ #21207 113d INSIDE CITY LIMITS? Himrex YES [NO Y A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ZUSSMAN KATZEN YETTA UNKNOWN MR. SAUL RADDREATZEN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 3748 TIWN LAKES CT. BALTO. MD 21207 MA CAUSE OF DEATH (Enter only one couse per line for to. (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Decubitus ulcers Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death accurred on the date and haur and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/2/85 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINTI 22e ADDRESS **MPORT** 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c NAME OF CEMETERY OR CREMATORY 23d-LOCATION 235 DATE FEB.5,1985 MIKRO KODESH-BETH ISRAEL BALTIMORE MARYLAND SOL LEVINSON & BROS., INC. 1985 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 6010 REISTERSTOWN RD. BALTO. MD (VRA 15, 4)

TELLDON - MATERN BELLET

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7		STATE REGISTRAR			DICAL EXAMI				DEATH	DE C	NO		
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TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL IN PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	PART 2 DTHER SIG			BUT NOT RELATED TO THE TEI				Tial.			20 AUTOPS	Y?
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Wm. C. March F/H

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DHMH - 16 50M 4/83

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

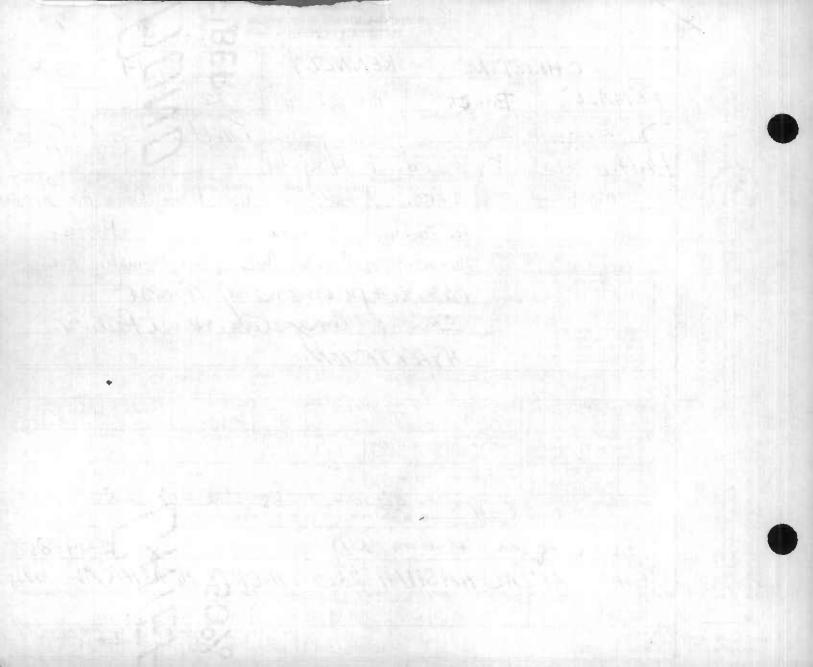
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10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	EVE STREET ADDRESS]			120 USUAL OCCUPAT			OF BUSINESS OR
BALTIMORE USUAL RESIDENCE (IF NURSING HOME		NS HOPK	INS HOSE	TIME			1 1000	
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18 CAUSE OF DEATH (Enter	only ane cause per line for to	, (b1, and (c1.1					APPRO)	NIMATE INTERVAL
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Canditians, if any, which		rebrosa	sinder	a.c.c	dent		14	dens
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JH I					YES NO		YES [NO [
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24 FUNERAL DIRECTOR	12/23/33				REC'D. BY REGISTRAR	25b. REGI	STRAR'S SIGNA	JURE
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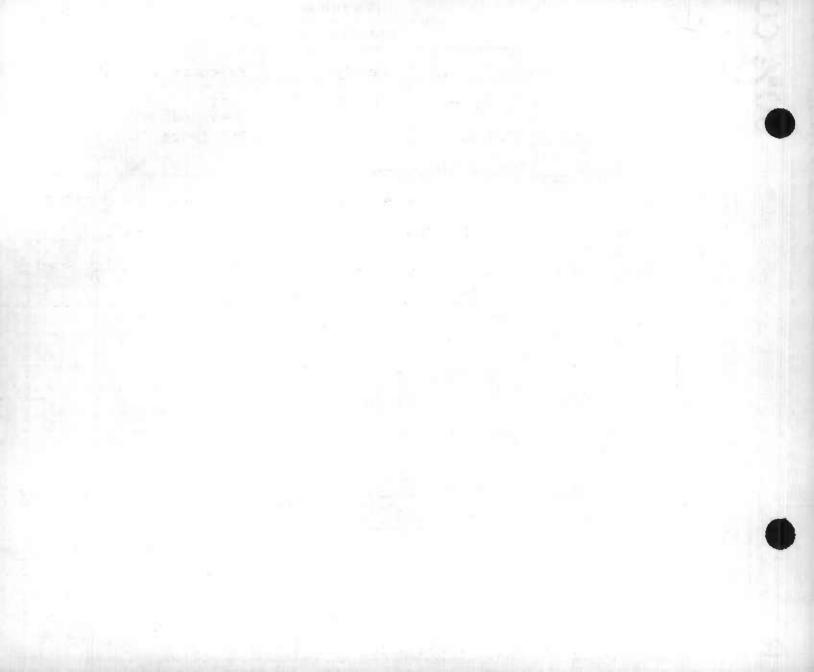
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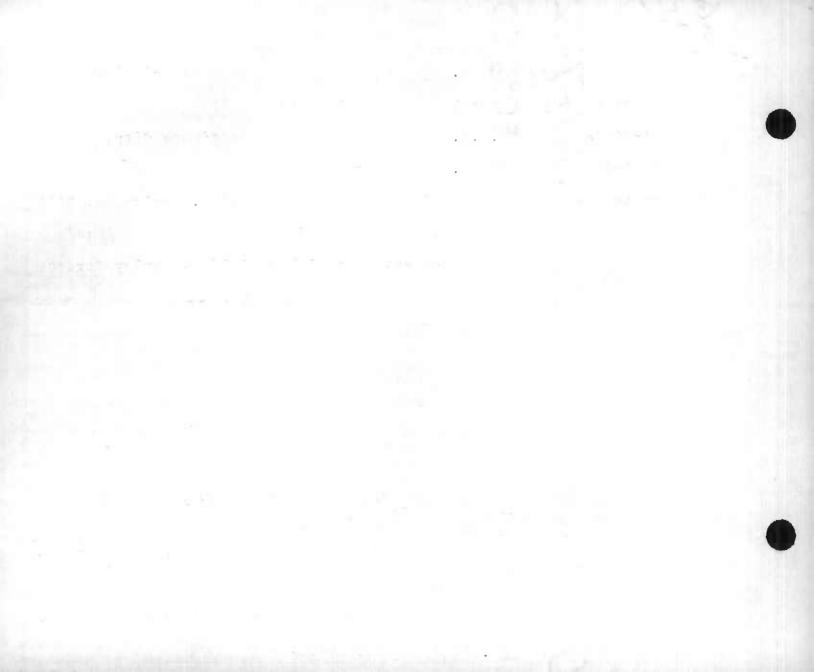


STATE OF MARYLAND

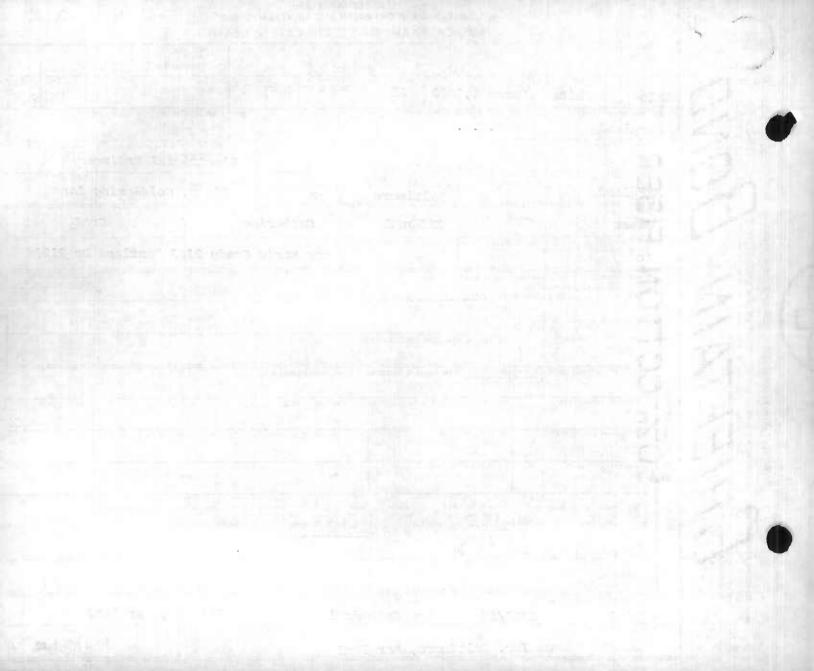
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

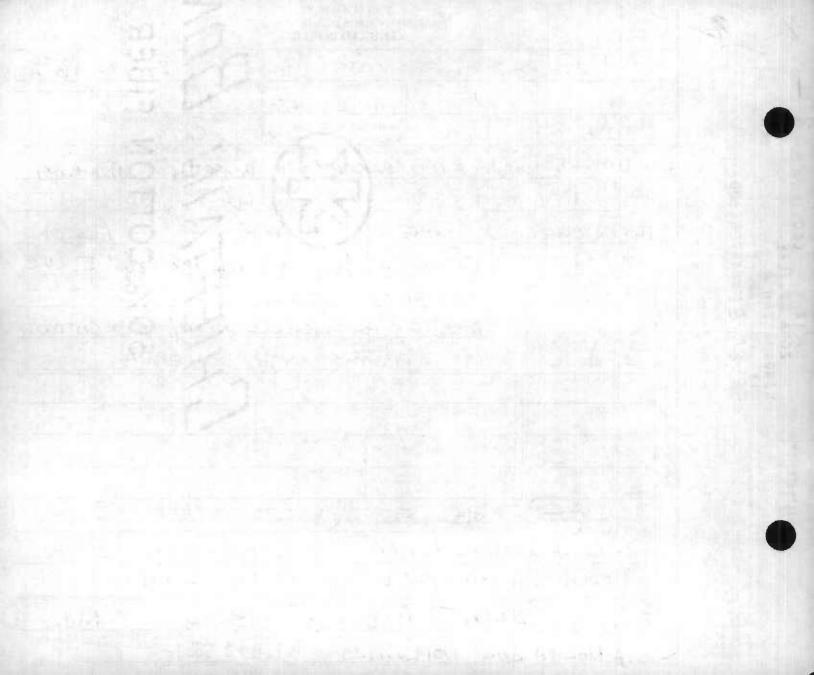


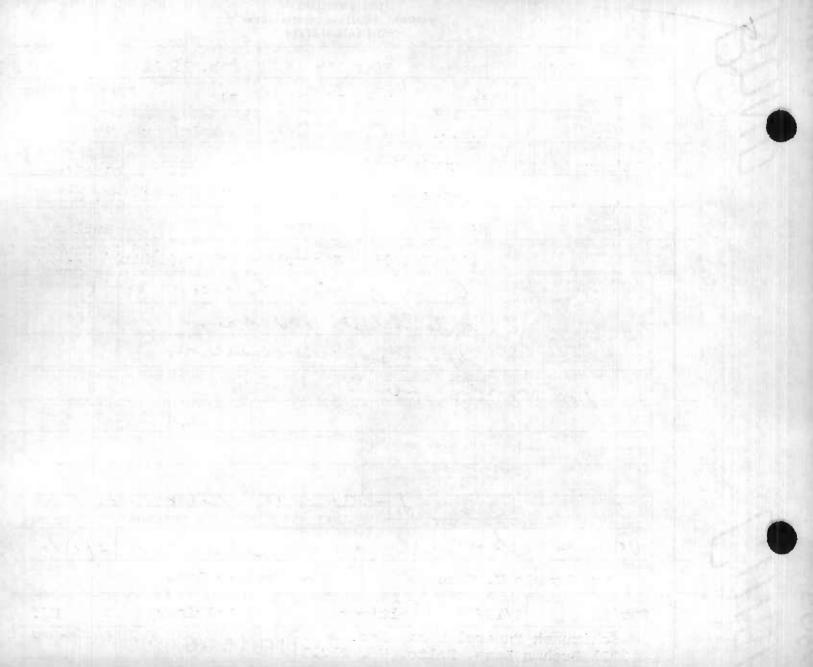
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•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STATEMORE, MARYLAND, 2		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection X. Inquiry , and in my apining death resulted from: Natural causes XX Accident , Suicide , Hamicide , Undetermined monner ,									2-21-8	25		
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STATE OF MARYLAND

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injury, or other troumotic event,

should be detached for use as the burial transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or IMPORTANT: If them 21 is marked or them 18 statement injury, or other traumotic TO FUNERAL DIRECTOR: After this certificate has been signed by the

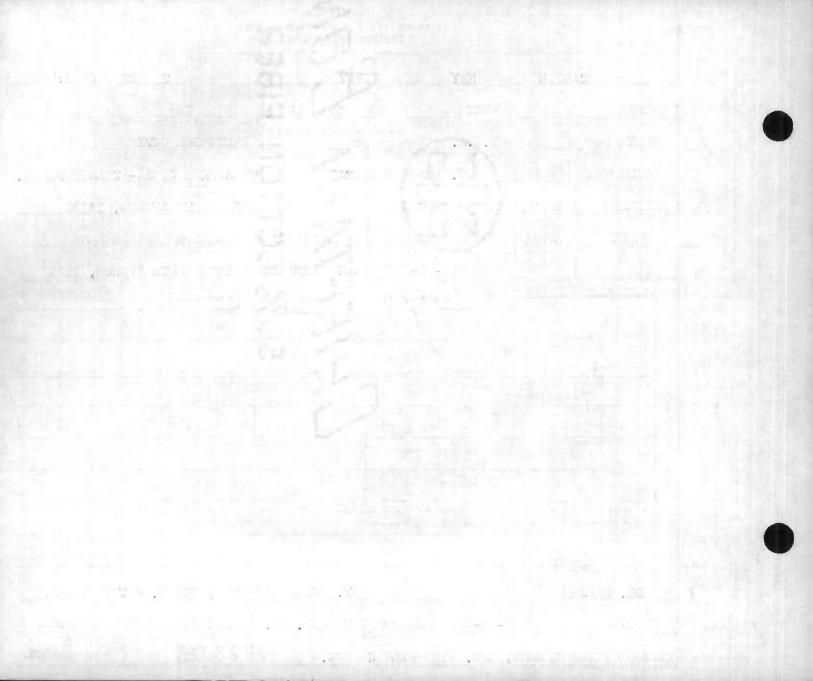
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	D		EALTH AND MENT							
1	1 DECEASED NAME FIRST	MIDDLE		AST	12	REG. NO.	DAY YEAR	126 HOUR			
	(TYPE OR PRINT)	35135	7.5	TODY	- 2	•	00 95				
1	CARRIE 3. SEX	MAY 14 RACE	S. DATE C	IRBY DE BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	22 85				
	FEMALE	WHITE	05	H DAY Y	rear 1	73 YF	MONTHS DAYS	HOURS MIN.			
4	O BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COL		9	BALTIMORE CITY OR COU						
	MARYLAND	U.S.A.	WIDOWE	D NEVER MARR		BALTIMORE CIT	ľY	MD.			
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C			O USUAL OCCUPATION	126, KIND (OF BUSINESS OR			
1	BALTIMORE		AGNES HOS	PITAL		TYPE OF WORK FOR MOST OF WORKING PELEPHONE OPE		PHONE CO.			
1	HESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDEN NTY 13c. CITY (134 INSIDE CITY LI	MITS?	Be STREET ADDRESS / ZIP C	ODE				
7		TIMORE AR	BUTUS	YES NO		1230 NORTH AVI	ENUE, 212	227			
	FATHER'S NAME	MIDDLE	AST	15 MOTHER'S MAI	IDEN NAME	WIDDIE	I.A	.ST			
	HENRY EDW	ARD HOHENB	ERGER	MARGA	RET	ELEANOR	DECKMA	N			
7	(YES NO OR UNKNOWN) (IF YES GIN	RMED FORCES? 166 SOCT	AL SECURITY NO.	17 INFORMANT		ADDRESS	11-4-5				
	NO		-03-6767	ELIZABET	H HEM	P 1230 NORTH					
	18 CAUSE OF DEATH Enter only one cause per line to 1gt. (b) bad ic PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERNATIONAL MANUAL MANU										
		TE CAUSE (o)	rais pu	monthly	00	11 -2 (
٩		DUE TO, OR AS A CO	NSEQUENCE OF	-t. · 0			TO THE				
	Canditions, if any, which gave rise to immediate	(b)	#	ypovusion							
	couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF								
		(Ic)									
	PART 2 OTHER SIGNIFICANT	conditions <u>contributi</u>	NG TO DEATH	NOTHILATED TO T	HE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1	la			
7	190 DATE OF OPERATION 2 - 14 - 8) 710 ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION CONDITION FOR WHICH				IN CE	INGS USED S OF DEATH?				
	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	1	1217 HOW IN ILLEY	OCCUPPE	YES NO OF INJURY IN ITEM	YES	NO 🗆			
		ATH HOUR A.M. MON		THE HOW WOOK!	OCCORRE	TENTER NATURE OF INJURY IN THEM	(18 PART OR PART 2)				
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY									
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY		STREET CITY OR TOWN COUNTY STATE							
í	22a I certify that (I) (this hosp	ital) attended the deceased	from	13- 19	1	. to J-22	- 1985	that (I) (we) lost			
	saw the deceased alive an abave, (1) (we) (did) (did no	2-22- at) view the body after death	1965	nd that in (my) (aur)	apinion dec	ath accurred on the date and	hour and fram the	causes stated			
	226 SIGNATURE			DEGREE MD	200	RIVER NEEDS		SIGNED			
	Sherry	nym			IDING ICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	2-3	22-85			
	224 PHYSICIAN'S NAME HYPE	OR PRINT)		22e ADDRESS	10.00						
	DR. RANJAN			ST. AGNE	ES HOS	PITAL, 900 S.	CATON A	VENUE			
	230 BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	COUNTY	STATE			
	BURIAL	02-25-85	MEADOWR	RIDGE MEM.		ELKRIDGE HO		RYLAND			
	24 FUNERAL DIRECTOR		DDRESS 212		250. DATE R	EC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGNA	TURE			
	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. LB 25 1985										

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



poge 3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. WAPORTANT: If them 21 is marked or them 18 shows only injury, or other troumatic event, the medical examiner and death certificate be ATTENDING PHYSICIAN. The low

1	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HYG	IENE 8 5	() NO.	4 6	6	8
		CEASED NAME	FIRST	A	AIDDLE	l.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	,
			ILDRE	ED	E.	KI	RBY		February	26.	1985	100	M
1	3 SEX		4 R	ACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS		R 24 HRS
1		Female		Whit	:e	Nov		1902	82	YRS	DATE DATE	NOUNS	MIN.
4	To BIR	RTHPLACE (STATE OR FOR	REIGN 7b. C		WHAT COUNT	RY? B		MARRIED -	9 BALTIMORE CITY				
S	C	OUNTRY)	100 P	1	JSA	WIDOWE		NORCED	Baltimo	re C	itv		MD.
	10 CI	TY OR TOWN OF DEATH	1 11.	NAME OF H	OSPITAL, NUI	RSING HOME C			120 USUAL OCCUPA	TION	12h KIND		-
2		Baltimore	1		FACILITY, GIVE ST	Stree	+	3 15475	Teache	T OF WORKING		catio	n
1	USUA	AL RESIDENCE (IF NURSING	S HOME OR OTHE	RINSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)	74717					Cuck	-
	13a. S	MD	SE COUNTY	and the same of	13c. CITY OR T			CITY LIMITS?	1302 E			21218	2
4	14 FA	THER'S NAME			Daiti	imore	YES X	S MAIDEN NA		Souri	St., 2	21210	3
g		FIRST	MIDD	LE	Clasia		13 MOTHER	FIRST	MIDDLE		U	ST	
A	16- 10	William		FORCECO	Shiple 166 SOCIALS	9	17 INFORM	(Unkno		RESS			
		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)					T) IN CHARACT						
		No I			219 07	7 9880	Mich	nael S.	Kirby,	Same			
4		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only of	ne couse per			0	=	E / / 1A	1		XIMATE INTE	
			AMEDIATE C		LIVI	NCER	01	- 111	5 LUN	6	3.	mon	lhs.
	NO	Conditions, if any, which gove rise to immediate			R AS A CONSE	OUENCE OF	NOT RELATE	D TO THE TERM	inal disease or co	GIVEN IN PART	10		
	CERTIFICATION	190 DATE OF OPERATION 196. CONE		19b. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		YING CAUSES OF DEATH?		
		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH		M. MONTH	DAY YEAR	21c HOW INJURY OCCURRE		RED (ENTER NATURE OF II	8 PART (OR PART 2)			
1	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE C			211 LOCAT		CITYOF	IOWN	COUNTY		STATE
		22a 1 certify that (1) (t saw the decrased above, (1) (we) (dic	alive on	JAN	30	3 P or	NE med that in my	, 19 <u>80</u> ((our) apinion (, to		our and from th	that the couses st	oted
		22d. PHYSICIAN'S	Ka	nacu	May	to 60	Trze ADDRE	ATTENDING PHYSICIAN	MEDICAL S	AFF SICIAN [28-	
		Dr. Migue	el Kar	acus			300	E. 33r	d St., B	alto.	, MD		
	230 B	URIAL, CREMATION, RE		3b. DATE		23c NAME OF C	EMETERY OF	CREMATORY	23d LOCATION		COUNTY	-	STATE
		Burial		3/2/8	35	Parkw	ood C	emeter	y Balto.	Cour	nty,	N	ID_
	24 FU	INERAL DIRECTOR	lenry	W. J	enkins	& Son	s Co.	250. DAT	E REC'D. BY REGISTR			TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or TO MOSPITAL OR

BP.

1905 York Road Balto.

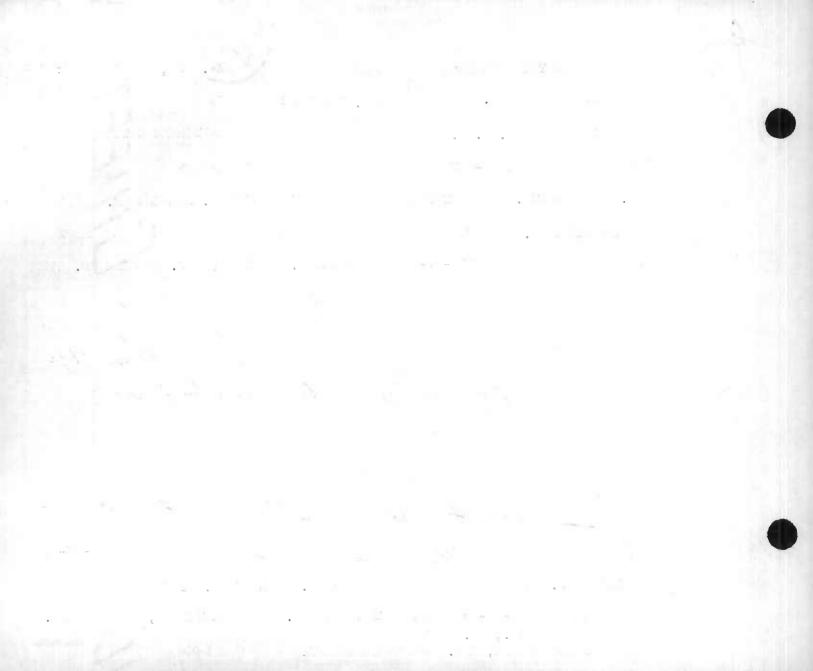
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TERRES - STATE Y LEGISLANCE, 1550 Seef . 11 . Walker of the seems WE see Sitting U.S. Committee of the City THE THE PROPERTY OF THE PARTY O Officers 1838 E. Stan Street l'imme x 1800 . Sen E., 1116 (mecnanU) yelfnina III mailili W 210 OF ESSON Wishel S. Kirby, Same

4107 WILKENS AVE

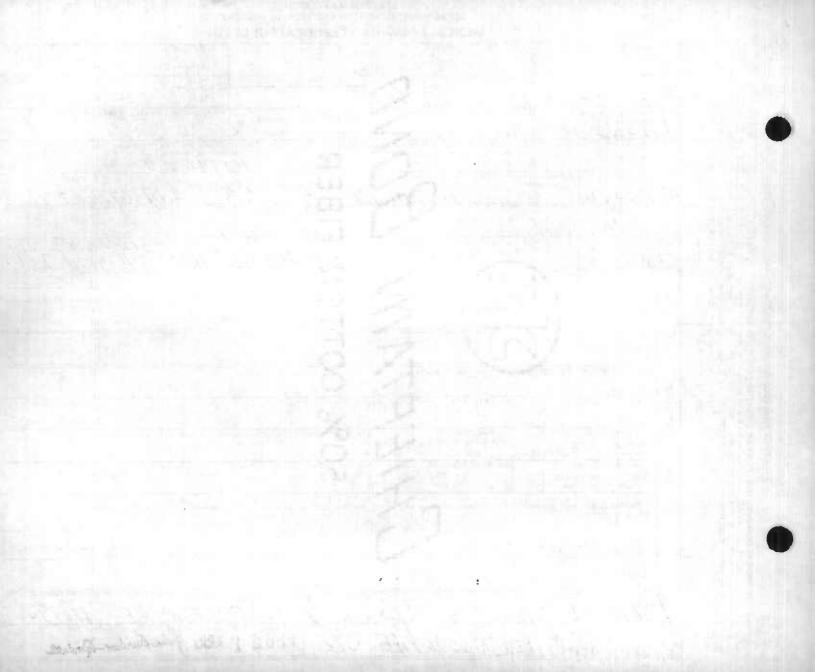
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

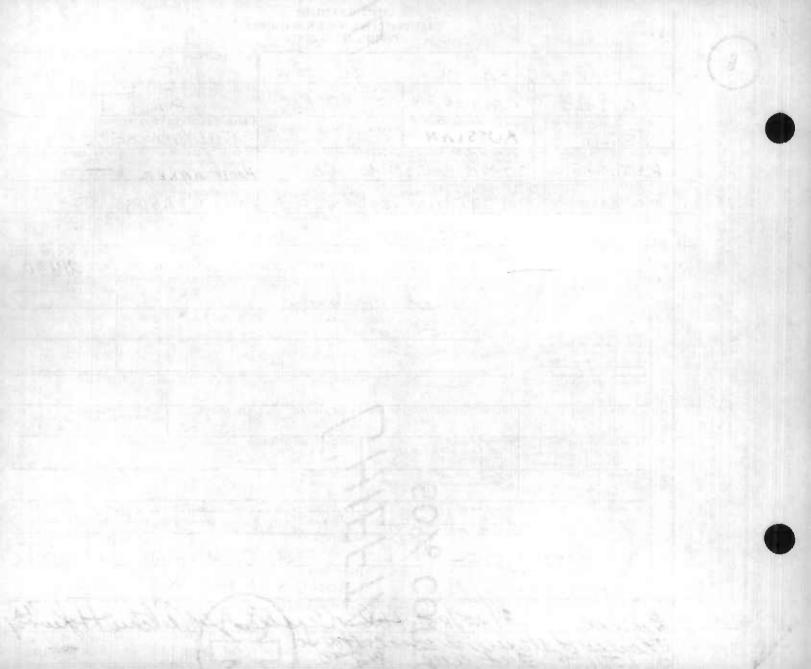


X B.J.-II SEE Marine State Late a select of the Marine State Control of the State Cont LEWIN OR DECIMAL Charles and a special annual of the second o the second of the second

10	1,	FOR STATE	DEPA	RTMENT OF HEALT	H AND MENTAL H	HYGIENE 5	04471
7		REGISTRAR		AL EXAMINER'S	CERTIFICATE C	OF DEATH REG	6. NO.
		CEASED NAME FIRST PE OR PRINT)	MIDDL	E	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOU
EL RS SE		J01	-IN	KLOSOWSKI		DEATH MATED	
Y, PLEASE PECTOR. FILES.	3. SE		5 DATE OF BIRTH	6 AGE IN YEARS IF L	INDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOU
22005	m	ALE WHITE	A116 27 19	23 6/ YRS MON	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	2-18-85, 9:14
CESSARY, PERAL DIRECTOR OF STREET ON	7a B	SIRTHPLACE (STATE OR	THE CITIZEN OF WHATCO	DUNTRY? 8. MAD	RIED NEVER MARR	9. BALTIMORE CIT	TY OR COUNTY OF DEATH
A SECTION	23 "	OREIGN COUNTRY)	11.5.0		WED DIVORC		more City
IS N	10. C	ITY OR TOWN OF DEATH		NURSING HOME, OR OT	THER INSTITUTION	120 USUAL OCCUPATION	TYPE OF WORK 126 KIND OF BUSINESS
RE, MD. 21201 ATH. IF ANY DELAY IS NEG ES 1, 2, AND 3 TO THE FLA PM.3. RETAIN PAGE 5 NND 2 SHOULD BE FILED, S VITAL RECORDS, 201 W	00	Baltimore	23 S. Ann	Street		FORMOST OF WORKING LIFE)	OR INDUSTRY
S S S S S S S S S S S S S S S S S S S	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDE	ENCE BEFORE ADMISSION)	10.1	11/6/1/6	21221
ANY AND SETAL	350	ARVIANI) 136 COUN	NTY B	LTIM DRE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	W STOFFT
MD. 7 1, 2, 7 M 3. 02 SF	14. F	ATHER'S NAME		N/11/10/C-	15. MOTHER'S MAID	ENNAME	V OFFICE
DEATH DEATH GES 1, M PM AND 3	300	HAKKIDILIK	MIDDLE	LAST	11 K/14/11	Ault MIODLE	LAST
MON	16a	WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADOS	ESS IDDI N. WINICAT
BALTIMORE. SS AFTER DEA GIVE PAGES ITH FORM P PAGES I AN	1	YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR GATES)		FALILARA	KINSDINSKI	CHINACA TIL
JRS / BA		18 CAUSE OF DEATH (Enter of	alv ane cause per line far (a)	(b) and (c).)	KUWIIV	Morrowith	APPROXIMATE INTERVAL
M TRANS	1	PART I DEATH WAS CAUSE	m 411		cardiovaso	cular disease	BETWEEN ONSET AND DEAT
24 TO 19 19 19 19 19 19 19 19 19 19 19 19 19	N N	IMMEDIA	TE CAUSE (a) AL LEI		cararovasc	Julius Garbour	
PRESTON THIN 24 H SIL IN ITEM ARK ALON ANSIT PER AL HYGIEN	EW	Conditions, if any, which					
W.P D WII VANIN TRA	N N	gave rise to immediate cause (a) stating the under		ONSEQUENCE OF			
UTED IN P	ž	lying cause last.					
EXECUTED NG" IN PROCAL EXAM	ATIC	PART 2 OTHER SIGNIFICANT CONDITION	(c) CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	ART 1 in	
0 4004	N KEW				The second secon		
₩ 7E 0#	O BURIAL, CREA	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION	WAS PERFORMED?		28 AUTOPSY?
SHOU ORD "	IFIC SEA						
DIVISION OF VITAL SCRETIFICATE SHOU RIGED TO THE CHIEF FE 3 SHOULD BE USE.	E CE	210 EXTERNAL CAUSE WAS	216. TIME OF INJUR		HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITE	
CERTIFICATE TING THE W 3 SHOULDE DEPARTMEN	AL CT	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.				
SHO DE PAR	PRIOR OF MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	19 URY (AT HOME 21f. Le	OCATION		
S CE REPERT	N N	WHILE NOT WHILE	STREET, FACTORY, FAR	RM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
THIS WAR	212	AT WORK AT WORK					
EXAMINER: CERTIFICATE JLD BE FOR WITH THE S	MARYLAND	22a I certify that I taak char	ge of the remains described	abave, held an Auto	apsy Inspection	in [X], Inquiry [],	and in my apinian
EXAMINER CERTIFICAT JUD BE FOI DIRECTOR	3	death resulted fram: Natu	ral causes , Accide	ent L.I., Suicide L.	, Hamicide .	Undetermined manner	
W. W. C.	¥	ACTUAL WOULD	A . 41 - 0	0	TITLE (SPECIFY)		DATE 2-18-85
A H S H S	W -	SIGNATURE TOURS	e fire hour		M.D. <u>Assistan</u>		SIGNED 2-10-00
MEDICAL CUTE THE SE 4 SHO FUNERAL	\$ 2	EXAMINER'S NAME Mary	garita A. Kor	ell,M.D.		Penn Street	
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE	Z30.E	(TITE OR TRIPT)			_ADDRESS	[22] 10-CAVION	
	730.1	RAL, CREMATION, REMOVAL	136 DATE /1902	30 NAME OF CEMETERY	OR CREMITORY	23d LOGATION	DO COUNTY M STATE
07/84 BP	247	UNERAL DIRECTOR 1	Ma/1/2011	MUMBINI	250. DATE	REC'D. BY REGISTRAR 200 F	REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME)	11.43	TO DALA KANY	1RAMICHES 15:	SE FIEET	FEB	2 1 1985 July	a Davidson-Randelle
(AK VID WE)	YY.	A SPATIAL ONIGITAL	NOW THE WAS	10 / NELI			- Alasta Alastas



_	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE S S	0 4 4 7 2					
(8)		CEASED NAME FIRST	BARA M.	KLOSTER	20. DATE OF DEATH	02/21/85 8:50 PM					
oge 4 mo	3. SE	FEMALE	CAUCASION	S. DATE OF BIRTH MONTH OR OR OR OR OR OR OR OR OR O		YRS. MONTHS DAYS HOURS MIN.					
death. P		RTHPLACE (STATE OR FOREIGN COUNTRY) LASSA RITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	0 BALTII	MORE CITY MD ON 1126. KIND OF BUSINESS OR					
in by the	USU	SALTIMORE AL RESIDENCE (IF NURSING HOME O	SOUTH BALT	IMORE GEN.	HOME MA	OF WORKING LIFE) INDUSTRY					
thin 24 ho	N	ARYLAND 136. COU	5.74 BALTIN		NAME	ANDRE ST. 21230					
scuted wi	16a. \	VSTAV VAS DECEASED EVER IN U.S. A			NKNOWN ADDR	ESS 1319 RICHARDEN					
icion and ers. Page ol.		No -	inly one couse per line for (a), (b),	5-3494 CATHER	INE KEN	APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
i certifico ding phys or removo itic event,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) LIVEN Failure DUE TO, OR AS A CONSEQUENCE OF									
that the death by the attences remove cost remove cost remove cost remove cost rather trouma		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(c) DUE TO, OR AS A CONSECU	Maligna	ncy						
equires for signed in to buric	NOI	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE							
The low con.	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
SICIAN: ng physis certificat unal-tran Nental Hy Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH ER) P.M.	DAY YEAR 19	CURRED (ENTER NATURE OF INJU	RY IN ITEM IS, PART I OR PART ?)					
ING PHY after this os the bu th and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO						
ATTEND to spital or teCTOR: Jet of Head for use and 21 is m		saw the deceased alive a	oital) attended the deceased from n 2 2 19 ot view the body after death		, 10	ote and hour and from the causes stated					
10SPITAL OR ned by the h. FUNERAL DIRINGLAL DIRINGLAL DIRINGLAL DIRINGLAND STANT: If he		W. Rah	nuna M	Aftendir PHYSICIA 22e ADDRESS	NG MEDICAL STA	FF >					
retoined by retoined by TO FUNER, should be d with the Sto	73e	RAHM 11			S. HANOUER	R ST. 21230					
BP	4	UNBRAL DIRECTOR / . /	3/35/85	Holey Clas	Man In	elchie Tykwory					
DHMH - 16 50M 4/B2	0	well of	legen sura	2/220	FER 2 2 4095	Markey Bandage					



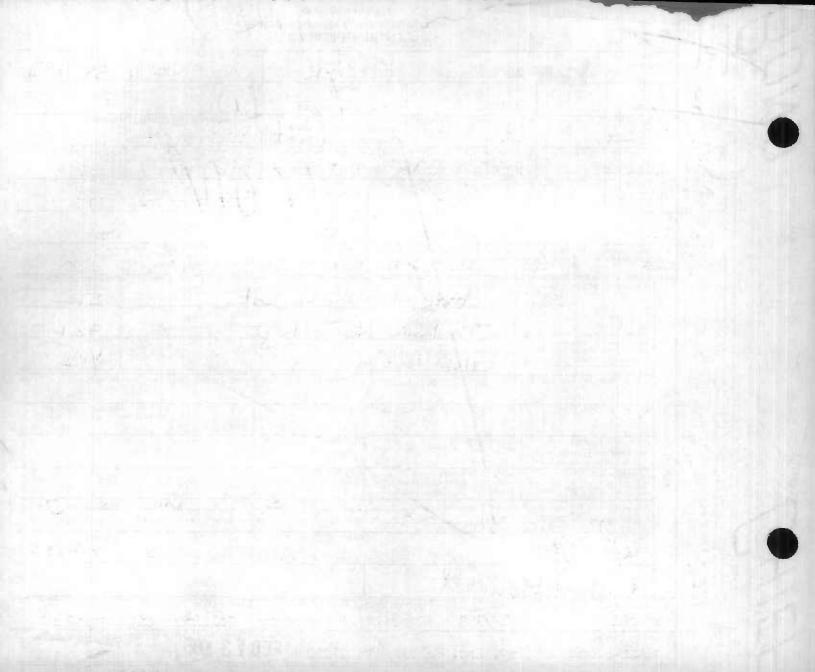
STATE OF MARYLAND							
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0					

CERTIFICATE OF DEATH

- 1		and state of the same			TULUVO	-L		KEG. NC). 					
		CEASED NAME	FIRST	1	AIDDLE	11.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOU			
	(tire	Everet	t	Rok	pert	KL	DUER		2 11	85	110	AM		
П	3. SEX			4. RACE	5. D							R 24 HRS		
	Ma	ale		White		Dec.	30, DAY 1933 YEAR	51	YRS	VINS DATS	HOURS	MIN.		
1	7a. BII	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH				
d	Me	aryland	200	U.S.A.		WIDOWE	7.2	Baltimore City MD						
7	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND O	FBUSIN	ESSOR		
							dical Center	Truck Driver Freight						
8		AL RESIDENCE (IF NURSITATE	NO POREOR		GIVE RESIDENCE BEFOR	E ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		11/2			
I	Me	aryland	Harf		Joppa	714	YES NOX	1215 Joppa		2108	5			
7	#4)FA	THER'S NAME		MIDDLE	1007	917	15. MOTHER'S MAIDEN NA	ME		LAS		-		
-(/Pe	eter		MIDDLE	Kluver		Blanche	WIDDLE		Ward				
6	16a V	VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	120°074	lowbr	rook R	oad			
	Ye	IES NO OR UNKNOWN)	Kor	e war or dates)	215-30-1097 Donna C. Bilodeau Timoni									
9		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH W		E CAUSE (o)	Cardior	vivo	non Horse	st		Sum				
		DE LEGIS			R AS A CONSEOU	ENCE OF .	. ()							
И		Conditions, if ony, which (b) Thalamie tenor hape									2/~			
Н		gove rise to imm couse (a), statin		DUE TO O	R AS A CONSEOU	ENCE OF		7		11				
4		underlying couse	lost.	(6)	Hipertension					45				
	3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P												
	CERTIFICATION													
À	CAT	90 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
	ETIE							YES NO YES NO						
1	8	OR CONTRIBUTING	-	110110 1	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I						
7	2	(IF EITHER, NOTIFY MEDIC			M.	19								
	MEDICAL	(AT HOME			OF INJURY	FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY		STATE		
	-	AT WORK NOT WHE	RK R											
		22a I certify that (1)				20	7/8 1980				that (1)	,		
	9	sow the deceased alive on												
		226 DEGREE DEGREE 226 DATE SIGNED												
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								12/	11/0			
	1	22d. PHYSICIAN'S NA	AME TYPE	R PRINT)	0		??e ADDRESS							
		PS, icho	20. 7	SOMU										
	23a. 8	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE		
	Cr	remation		2/14/1	.985 Gr	een M	ount Cremator	y Baltimon						

DHMH - 16 50M 4/83 (VRA 15, 4)

Walter Brooks Bradley, Inc. Balto., MD



- STATE

TYPE OR PRINTS

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

Evelyn

DECEASED NAME

YRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nursing Adm. Md.Gen.Hosp Balto, Md. 13e.STREET ADDRESS / ZIP CODE 4202 Glenmore Ave. 21206 217-09-7846 Stanley Knochel, husband, same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Acute and chronic pyelonephritis with renal B Metastatic carcinoma of the breast, to pertioneum PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY 19 85 , and that in (1X) (our) apinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital COUNTY 2/13/85 Balto, Md. Parkwood Cem. Burial 4. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3331 Brehms La SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

KNOCHEL

REG. NO. 20. DATE OF DEATH MONTH

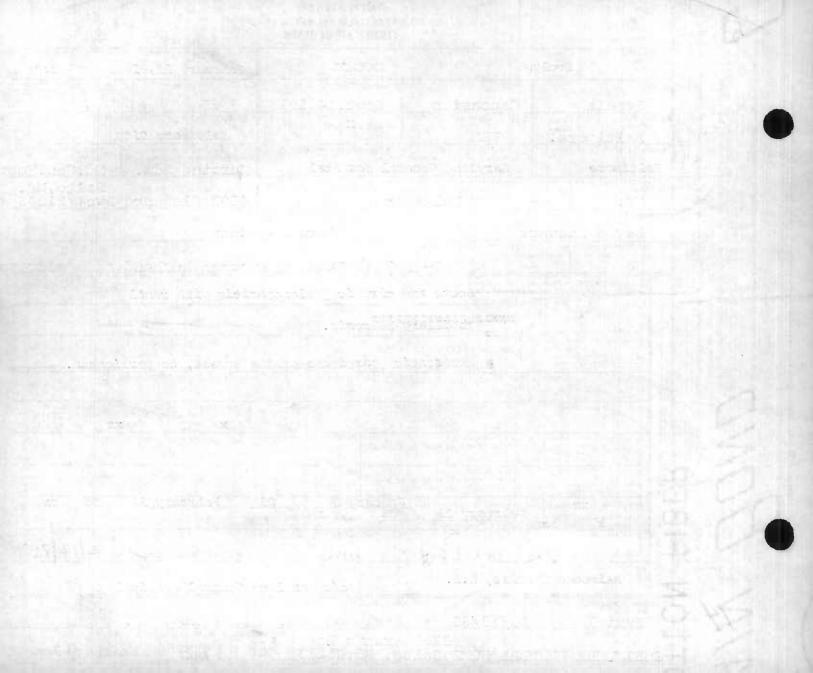
February 11, 1985

2b HOUR

IF UNDER 1 YEAR

3:05

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH RECUSTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST 7b HOUR CTYPE CHERRISTS CARRIE M. KNOERLEIN FEBRUARY 21,1895 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 2.5EX 4 RACE 5 DATE OF BIRTH MONTH YEAR 1900 Female Cauc. TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City WIDOWED IS CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET Baltimore Church Hospital Housewife HILAL PESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 116 N. NOF Belnord 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME March. MIDDLE Charles Trabert Margaret Ilnknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST Carolyn Rappold 123 N. Takewood Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: COLON CANCER MONTHS IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CONGESTIVE HEART FAILURE 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 9n DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS PM 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a I certify that (I) this haspital attended the deceased from FEBRUARY 19 10 85 to FEBRUARY2 saw the deceased clive an FBRUARY 21 19 85, and that in (my) our opinion death accurred an the date and have and from the causes stated above. (I) and find did not view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME INTE OF PRINT CHURCH HOSPITAL CORPORATION PAUL GORMLEY M.D. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION 236 DATE (SPECIFY) CITY OF TOWN STATE Redeemer Cem | Baltimore Burial HOIV 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAL RE

Dabrowski & Son 2818 E. Baltimore St.

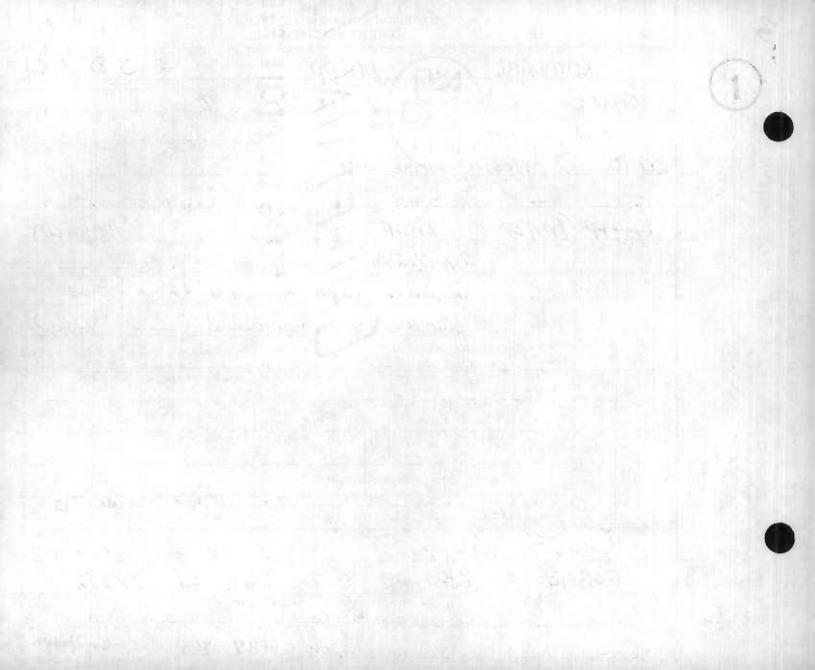
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STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



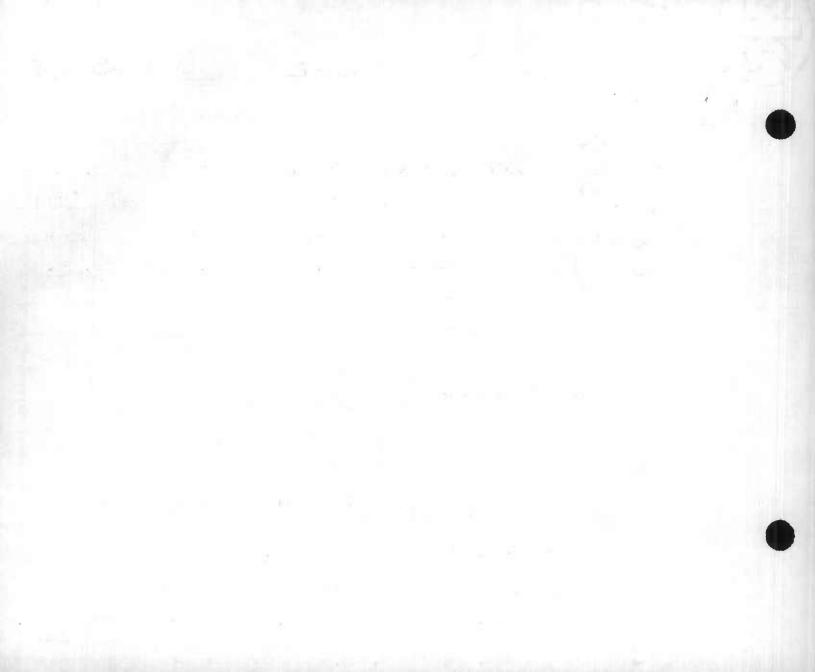
	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	IENE 5	0 4	4 1	7 8
		CEASED NAME OR PRINT] So	die	MIDDLE	KOE	RNER	20 DATE OF DEATH	MONTH DAY	35	26 HOUR 25 M
崖	3. SEX	Male	4. RACE White		5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	DER I YEAR	HOURS MIN.
7/	7a. BI	RTHPLACE (STATE ON FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	4 1900 NEVER MARRIED	9 BALTIMORE CITY O		DEATH	· A
	10, CI	Maryland TY OR TOWN OF DEATH	11. NAME OF	A HOSPITAL, NURSIN CHEACIUM, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		26. KIND OF	BUSINESS OR
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d	2	Samuel VAS DECEASED EVER IN U.		chaeffer		Mary 7 INFORMANT	F11e	n SS	Kel ba	
2			es, GIVE WAR OR DATES)	220-16-		Mrs. Ruth				Md.
de la companya de la	NO	Conditions, if ony, whice gave rise to immediat cause (a), stating the underlying cause las	DUE TO, O DUE TO, O DUE TO, O DUE TO, O (c)	OR AS A CONSEQUENCE OF A CONSEQ	Shoc ENCE OF ENCE OF	OT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN I		
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9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH HOUR A	.M. MONTH D .M. OF INJURY	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
Day of the state o	×	white NOI white all work 220 I certify that (I) (this saw the deceased olimbare, (I) (we) (did)	hospital) ottended the	167	and, and	that in (my) (aur) apinian		, 19_	d Iram the c	
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-	23a B	MKEHA BURIAL, CREMATION, REMO	MAN PARE	122	NAME OF CEA	1500 K AETERY OR CREMATORY	COLA A	Shat	2	
	((SPECIFY) Burial	2-8-			burg Cem.	Hampste	ad Car	rroll	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

ADDRESS Eline Fun eral Hamnst

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-C. Frank Kokta 12 19 85 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE 61 PRONOUNCED 1:09 a M Male White Aug. 1985 DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land U.S.A. WIDOWED DIVORCED Baltimore City, IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Glasser Balto. City Baltimore Union Memorial Hospital 130. STATE 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13b. COUNTY 13e. STREET ADDRESS 4329 Harford Road Md. Baltimore YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Frank Mary Klima Kokta 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS Yes Ruth R Kokta 215-18-5043 4329 Harford Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WISHING THE WORD "PENDING" IN PECULIFICATE, WISHING THE WORD "PENDING" IN PECULIFICATE, WISHING THE WORD "PENDING" IN PECULIFICATION THE CHIEF MEDICAL EXAMILE ADDISTREAD TO FUNEAR DISTRICT PROBLEM OF THE PENDING PARTITION OF PENDING PENDING PARTITIONS. OF PENDING TO BURIAL, CREMATION, OF PENDING PENDING PARTITION, OF PENDING PENDIN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR HOUR A.M. CONTRIBUTING CAUSE OF DEATH 9:05 12 19 85 Pedestrian struck by bus 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK street Harford Rd&Montbello Terrace, Balto, City, 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Accident X Notural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 2/12/85 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. TYPE OR PRINT 13c NAME OF CEMETERY OR CREMATORY Holy Redeemer 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION CITBATT TIMO TO Md. STATE SPEC#Burial 2-16-85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Leonard J. Ruck, Inc ADDRES 305 Harford Rd. (VR A15 ME (5)) a Layeron-Gandage

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

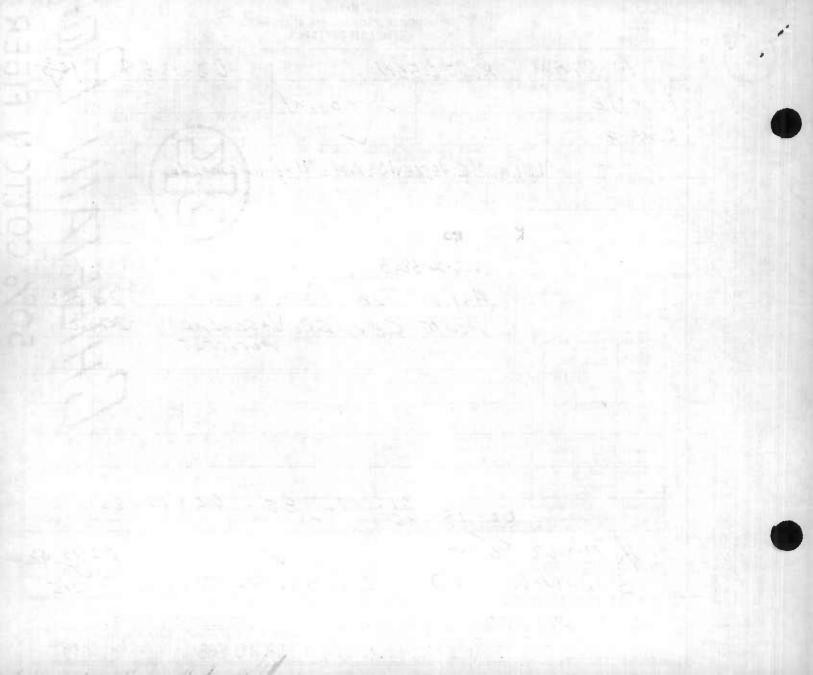
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		removal REMOVAL	23b. DATE 2/17/			EMETERY OR CREMATORY SRAEL CEM	23d LOCATION CITY OR TOWN PITTSBUR	GH, PENI		STATE
24 FI	UNERAL DIRECTOR					25n DAT	E REC'D. BY REGISTRAR	25h REGISTRAR'S	SSIGNATU	RF

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

FEB 20 1985 Julia Davidson-Randales



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI ANNA 16 IF UNDER I YEAR IF UNDER 24 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR HOURS. EMALE 08 **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE AT HOME (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE 130. STATE 13a. STREET ADDRESS. 13d INSIDE CITY LIMITS? 136 COUNTY 13c-CITY OR TOWN BALTIMORE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO D NOIL YES 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE PARMILETCY) WHILE NOT WHILE 22a I certify that (+ (this haspital) attended the deceased fram sow the deceased alive an abave, (I) (well (did) (did not) view the bady after death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN should be de with the Stati 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY FEB.18,1985 BETH TFILOH BALTIMORE COUMARY LAND TATE BP. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. DHMH - 16 50M 4/82 Julie Davidson-Handell 6010 REISTERSTOWN RD. BALTO MD (VRA 15, 4)

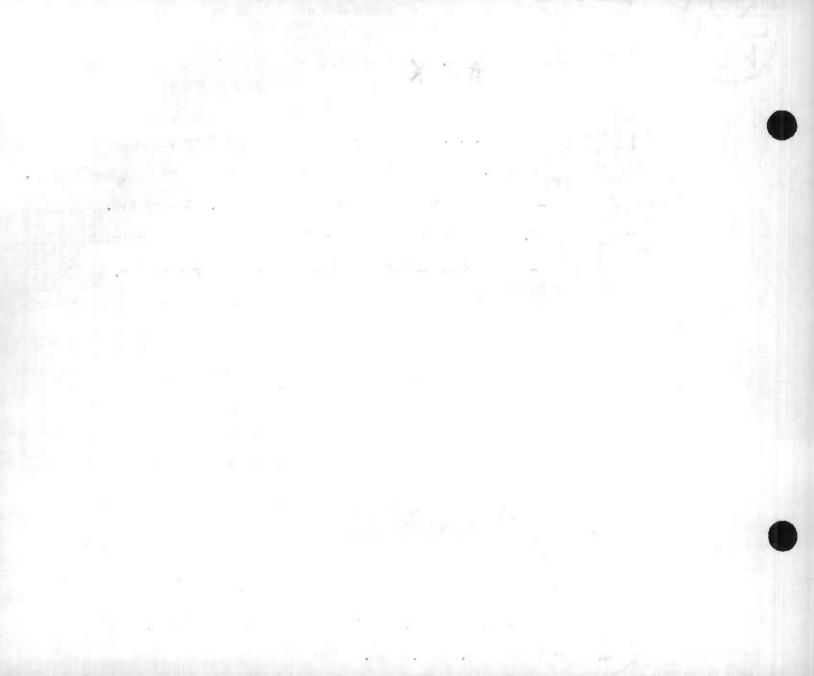
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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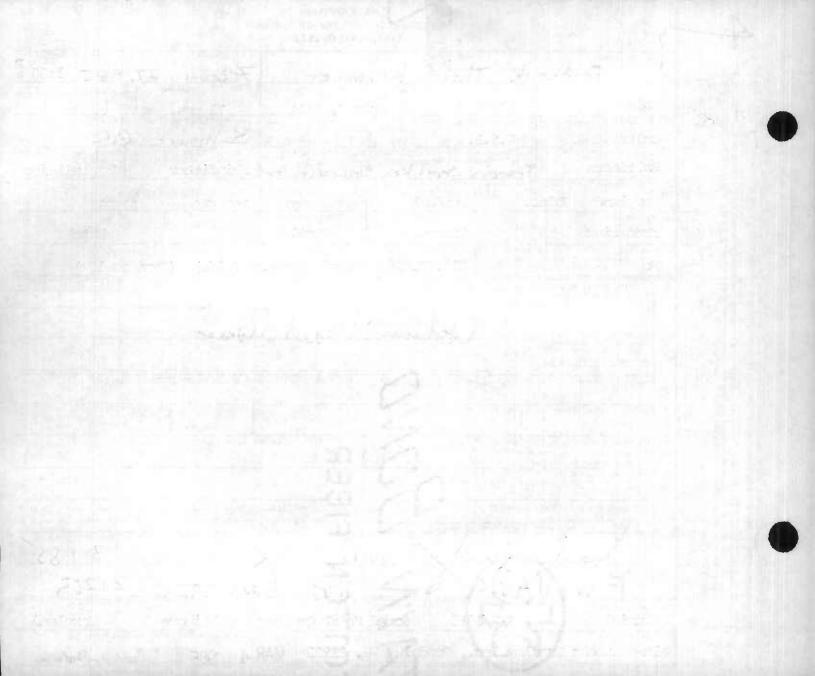
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST 2ª DATE OF DEATH DECEASED NAME HIMOM 7h HOUR LIVEE OF PRINTS Frederick **Dru**Ary A. AGE (IN YEARS LAST BIRTADAY) IF HNDER 24 HRS DATE OF BIRTH 3. SEX MONTH DAYS Male White July 7. 1911 73 vrs. BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Balto., Md. U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 7g USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY. Baltimore Shipfitter Shipbuilding UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Balto. Dundalk 108 Shipway YES [NOX 21222 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Hatch Frederick Myrtle Krammer 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO NO OF UNKNOWN) HEYES, GIVE WAR OR DATES! 218.05.6985 Fannie Krammer (Wife) (Same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). A CONSEQUENCE OF . Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19th DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOW NO F 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AL WORK 22a 1 certify that (1) (this haspital) attended the deceased from. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 225. SICHATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 77'e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 3/2/1985 Sacred Heart Cemetery Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Walter Brooks Bradley Inc., Dundalk, Md. 21222

DHMH - 16 50M 4/B3 (VRA 15, 4)



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STATE OF MARYLAND

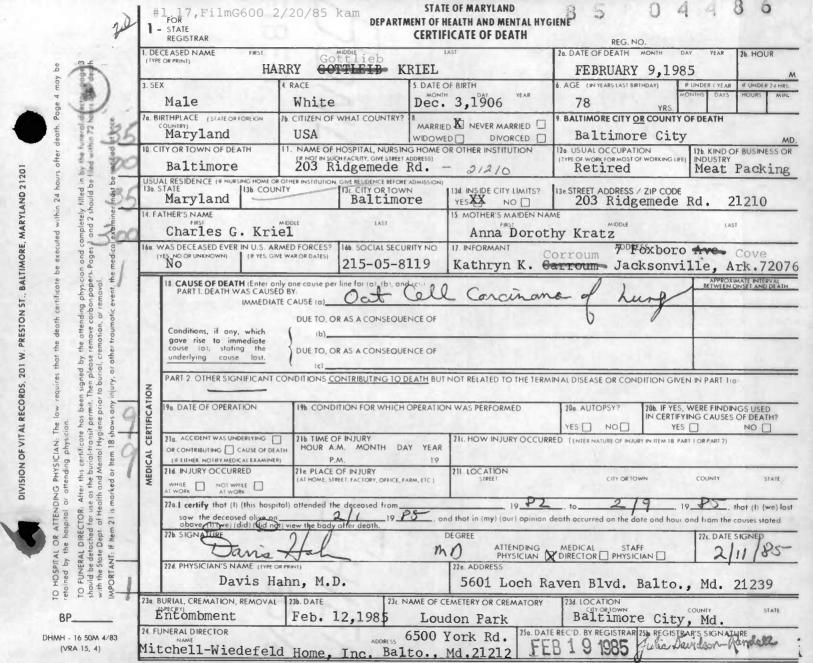
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR										
		CEASED NAME FIRST	AHC	DDLE		AST				26 HOUR		
	11116]	BESSIE	s. KR	EINE	R	February	14,	1985	12:15a		
	3 SEX		4 RACE		5. DATE C			THDAY)	MONTHS DAYS	IF UNDER 24 HRS		
-	3	Female	White		Augu	st 5°, 1919°	65	YRS.	1	MA.		
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(orth Carolina	U.S.	.A.	WIDOWE		Baltimore	cit	ty	MD.		
4	W. C1	TY OR TOWN OF DEATH				ROTHER INSTITUTION				F BUSINESS OR		
5	В	altimore /	THE JO	HNS HOP	KINS	HOSPITAL			(IFE) INDUSTRY			
r	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	IVE RESIDENCE BEFORE		124 INICIDE CITY HANTS?			ne ne			
5	10000		timore	Millers	4	YES NXX				1107		
2	Name and Address of the Owner, where the Owner, which the Owner, where the Owner, where the Owner, which the Owner, where the Owner, which the	THER'S NAME				15 MOTHER'S MAIDEN NA	AME					
4	1	Steven	Ma'	lpass			MIDDLE	(1	ınknown)			
5	16a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	66. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	SS				
L	73	(IF YES, GI	E WAR OR DATES)	214-16-9	065	Adam D. Kell	ley, same a	s #1:	3e			
		18 CAUSE OF DEATH (Enter or	APPROX	MATE INTERVAL								
		PART I. DEATH WAS CAUSE	5 m:	5 m:n- +=s								
		DUE TO OR AS A CONSEQUENCE OF										
		Conditions, if any, which	24	brows								
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a	36	underlying couse lost.	× 10 4	us								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	IVEN IN PART Y	3'		
	Ž.											
7	CERTIFICATION	90 DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?					
-	E	2/12/85	Isa	nem.e	Bow	el Disease	YES NO YES NO					
2	GE	21a. ACCIDENT WAS UNDERLYING	110110 4 44	INJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM IB	PART FOR PART 2}			
7	CAL	OR CONTRIBUTING CAUSE OF DEA	CIH		19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	F INJURY T. FACTORY, OFFICE, FA	APA FIC)	211 LOCATION STREET	~ CITY OR TO	WN	COUNTY	STATE		
	>	AT WORK NOT WHILE	TAN NOME, STREET	T, FACTORY, OFFICE, FA	1							
		22a 1 certify that (I) (this hospi	77 / / /	deceased from_	2/19	, 17	5, to 2/14	7				
		saw the deceased alive on above, (1) (we) (did) (duboc		ter death.	, ar	nd that in (my) (our) opinion	death accurred on the d	ote and ha	our and from the	couses stated		
		22b. SIGNATURE	DAIMIN			DEGREE			22c. DATE	SIGNED		
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								4/85		
		22d. PHYSICIAN'S MIE (TYPE			N. Car	22e ADDRESS	1.	4	4			
		Kzym	ond HP	lack, 1	V	Johns Ho	iphi-s Itos	rest	2			
		SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	February 14, 1985 12:15a 65					
		Burial	2-16-8	5 P	ine G	rove Cemetery	y Miller	s, B	alto. Ma	ryland		
	24 FU	INERAL DIRECTOR		ADD 105	0 Yor	k Rd. 250. DA	TE REC'D. BY REGISTRAR	25b. REGI	STRAR'S SIGNAT	URE		
	Ruc	ck Towson Funer	al Home,				B 1 9 1985	Julia	Davidson-	Pandelle		

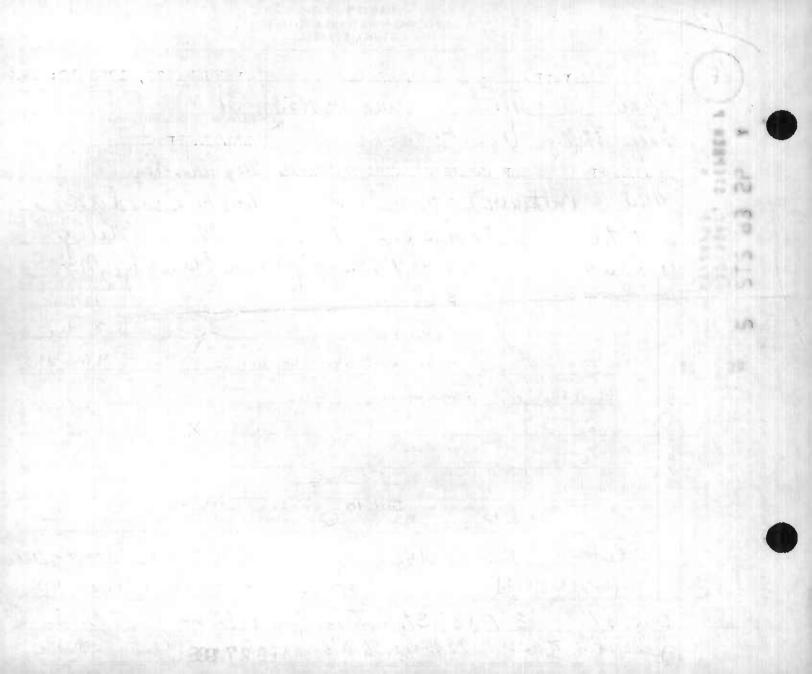
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STATE OF MARYLAND

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3	1	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE S S	0 4 4 8	4
eoth eoth		CEASED NAME FIRST	MIDDLE	lai	vahara	26. DATE OF DEATH		Q·IIp M
s offer de	3. SE		A RACE Black	5. DATE (DEBIRTH 5 DAYS 9 YEAR	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER I YEAR IF L	UNDER 24 HRS.
S Hour		IRTHPLACE (STATE OR FOREIGN COUNTRY NIA	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	Paltimo	re, City	MD
11 46		Balto.	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATI		
100	USU 13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	1217
11 8	14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	LAST	
Poges /		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	14-801	17 INFORMANT Matilda	Williams 2	ss ••• N- Broadw	vavs
s been signed by the after strait. Then please remove c prior to burial, cremotian, s ony injury, or other troum	CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT		TING TO DEATH BUT	NOT RELATED TO THE TER	28a AUTOPSY?	DITION GIVEN IN PART I IO	
rial-transit per ental Hygiene Item 18 shows	CERTIF	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	YES NO	YES 🗌 N	10 🗆
rked or Irem 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ALL I	19 RY	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
d for use of t. of Health			. 1 -	19 50		, 10	ate and haur and from the caus	
FUNERAL DIRECT VID Be detoched for the State Dept. of ORTANT: If Item 2		226. SIGNATURE Mall 226. PHYSICIAN'S NAME (TYPE	OR PRINT)			MEDICAL STAI	TIAN X 2 20	11
should be detor with the State	22-	A ·	mathen	122. NAME OF	220 ADDRESS Letheran t	1	allinne.	J' .
101 (1)	E	BURIAL, CREMATION, REMOVA (SPECIFY) BUrial	2-26-84		Auburn Cem.	Westpo		STATE
AH - 16 50M 4/83 (VRA 15, 4)		uneral director Charles A. Ri	ce FSPA 13	300° Euta		MAR 1 1985	256. REGISTRAR'S SIGNATURE	ander

should be detached for use as the burtal-tronsit permit. Then put with the State Dept of Health and Mental Hygiene prior to bur IMPORTANT: If them 21 is marked or Item 18 shaws any injury. TO FUNERAL DIRECTOR: After this certificate has been

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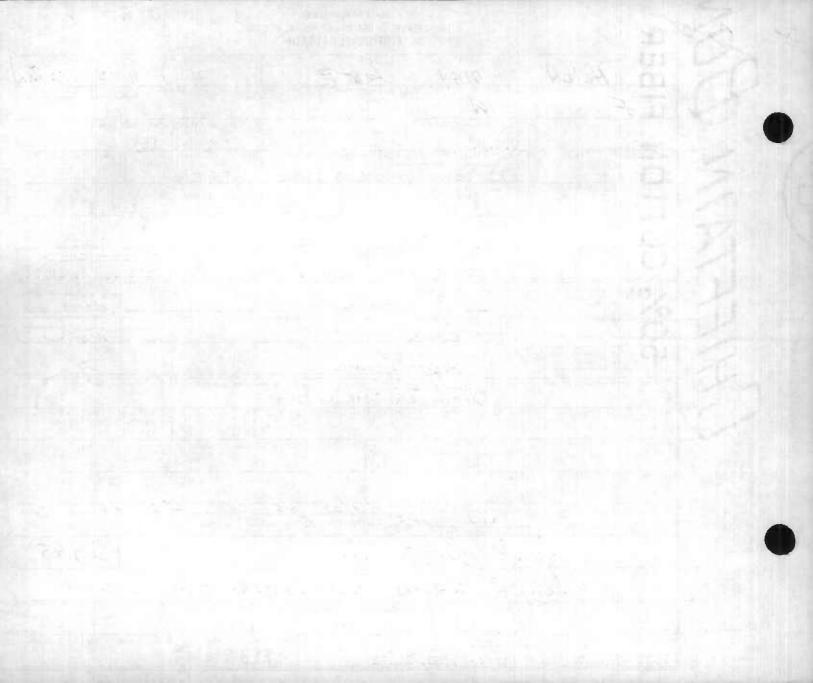
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STATE OF MARYLAND FOR - STATE

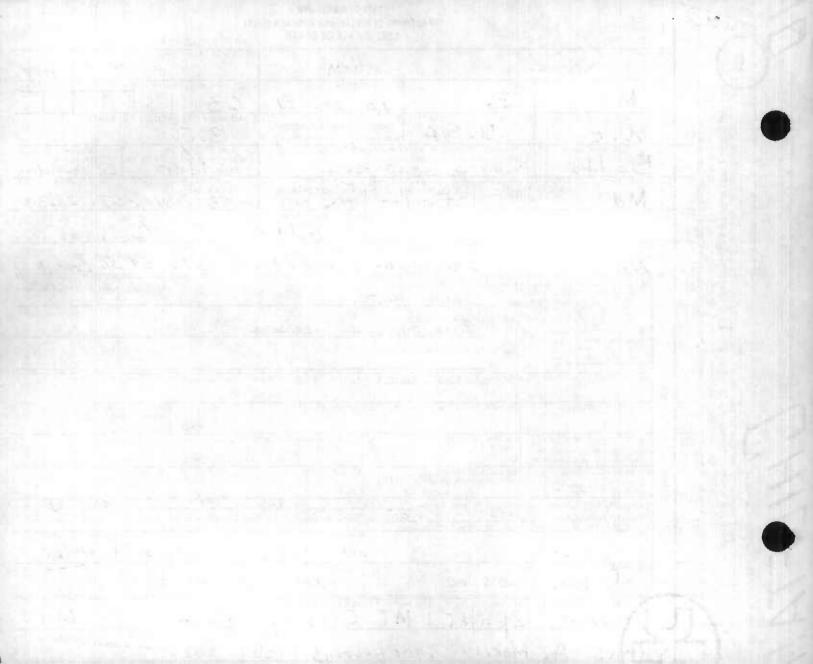
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

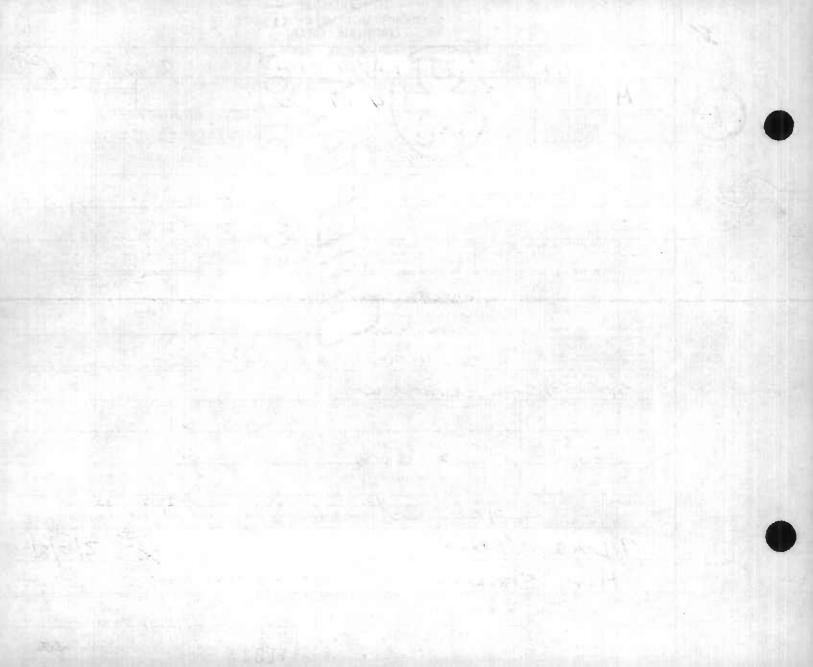
REGISTRAR	CERTI	ICAIL OF DEATH	REG. NO.							
/IVOC OR PRO TO	MIDDLE	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
HE/EN	MAY .AG	ent 8	2/	3/85 /2 NOW						
3. SEX	S. DATE C		6 AGE (IN YEARS LAST BIRT ADAY)	MONTHS DAYS HOURS MIN.						
- emale	4/	10/1923	61 YF							
SIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH						
Maryland U.S.A	WIDOWE	D DIVORCED	Baltimore Ci	ty MD						
	HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR						
	Scott Key Med	ical Center	Housewife	1000,100						
ATE TSA COUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE 2/2011						
Maryland Baltimore		YES NO 🔀	Eastpoint Nu							
FATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST						
Austin	Brumlev	Julia	MIDDLE	Shrueder						
160, WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 46	6 Astro Court						
No	216-14-2636	John L. Hedd	ge Ba	alto., MD. 21234						
18 CAUSE OF DEATH Enter only one cause per	line far iai, (b), and ic:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Pnemus	ra		daess						
	R AS A CONSEQUENCE OF			0						
Conditions, if any, which	Cima			months						
gove rise to immediate	couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF									
underlying couse last.	underlying couse last.									
PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:11										
NO.	Deabeles V	relletus								
190 DATE OF OPERATION 196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?						
TIE			YES NO NO	YES NO						
	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 1B PART I OR PART 2)						
OR CONTRIBUTING CAUSE OF DEATH HOUR AN										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED (AT HOME STR	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE						
WHILE AT WORK		1								
22a 1 certify that (1) (this haspital) attended th		1/28 1985		_, 1985 , that (1) (we) lost						
saw the decease fall of an abave, (1) (we) (lat) and not see the body	after death	d that in (my) (opinian o	leath accurred on the date and	have and fram the causes stated						
22b. SIGNATURE	0 1	DEGREE		224. DATE SIGNED						
- Duck	Beown 2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/3/8)						
22d. PHYSICIAN" THE (TYPE OR PRINT)	0.	22e ADDRESS								
JOHNK.	BURTIN	5200 East	ERN HER	21224						
23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION							
Burial 2/6/19		Hill	White Marsh	Maryland						
24 FUNERAL DIRECTOR Duda-Ruck, Inc			REC'D. BY REGISTRAR 256. REC							
NAME DUGA-RUCK, INC	ADDRESS		- ACCOUNT	the second commended to						



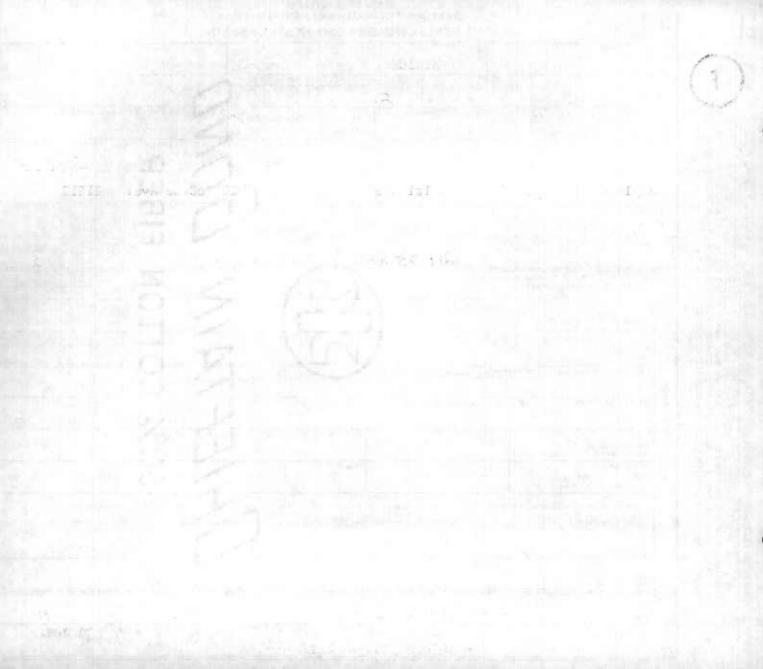
V	20	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0 4 4 Y I
100	(.)		ECEASED NAME FIRST MIDDLE LAST Zo. DATE OF D	
	(1 000	(TYI	SAMUEL LATITAM	2 4 85 955 PM
H		3. St	A. RACE S. DATE OF BIRTH 6. AGE (IN YEAR MONTH DAY YEAR.	RS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	ge 4		N 10 28 21 63	YRS.
	n 72 har	70. E	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DI	TY MD.
-	by the fune	10.0	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OC (TYPE OF WORK FO FRANCES SCOTT KRY WE	CUBATION DR WOST OF WORKING LIFE 12b. KIND OF BUSINESS OR INDUSTRY Shipby drs
4D 2120	filled in bours ould be fil	130.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. STREET AD YES NO 633	DORESS
MARYLAN	mpletely fi	14. F	ATHER'S NAME IS MOTHER'S MAIDEN NAME	Dovers/ 21250
BALTIMORE, A	oe execute		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (185. NO DE UNKNOWN) (18 YES, GIVE WAR OR DATES) 246-03-0646 Elaine Lathum 6	ADDRESS 67 E. 34th ST. Brook, A. Y
, 201 W. PRESTON ST.,	equires that the death certifical signed by the attending physistem please remove corbonpop to buriol, cremotion, or removoinjury, or other troumatic event,	NO	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIAC ARGST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (0), stofting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (1)	OR CONDITION GIVEN IN PART Ita
AL RECORDS	The low retrieved.	CERTIFICATION	190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOP	SY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	SICIAN: The physicio certificote liriol-transit entol Hygie frem 18 sho	7	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 19	RE OF INJURY IN ITEM 18. PART 1 OR PART 2)
DIVISION OF VITAL	G PHYSI attending er this ce s the buri	MEDICAL	71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION	CITY OR TOWN COUNTY STATE
۵	TTENDIN outol or TOR: Aft for use or of Health	ľ	22e.1 certify that (1) (this haspital) attended the deceased from 1985, and that in (my) (our) opinion death accurred	on the date and hour and from the causes stated
	OR ADIREC		obove, (I) (we) (Gid) (did not) view the body after death. DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN X 14/88
	TO HOSPITAL retained by the TO FUNERAL should be detoo with the State I MPORTANT: If		TOAN D. VOSS MO ESKMC BAUT.	ND ZIZZY
	BP	23a.	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION OF COMMENTS OF COMMENTS OF CREMATORY 236. LOCATION OF COMMENTS OF CREMATORY 236. LOCATION OF CREM	
	DHMH - 16 50M 4/B2 (VRA 15, 4)	24	FUNERAL DIRECTOR James A. Morton address 1701 Laurens. FEB 7 19	85. A LEWIS CONTROL OF THE PROPERTY OF THE PRO



STATE OF MARYLAND



	1	1-	FOR STATE			EPARTMENT (OF HEALTI	H AND MENTA) 4 4	1 4 3	
	1		REGISTRAR	MACHINE DAY 14A									
			CEASED NAME	FIRST		MIDDLE		LAST	[2		N D MONTH	DAY YEAR	26. HOUR
	20年 本記書	1		Joseph		PATRICK	Ta	averv	V		XX 2	4 19 85	
	北部	3 SEX	4 R		DATE OF BIRTH		IN YEARS IF UI	NDER 1 YR. IF UN			MONTH		24 HOUR
	E SEE	1	1	W				THS DAYS HOURS	5 MIN F		2	8 to 85	-
1	22 = SO	7a B	RTHPLACE (STATE	OR Sec 741	, -	IAT COUNTRY?			ADDIED TO	BALTIMORE CI	TY OR COUNT		1 111
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	A PAHA		Baltimore					2/2				OR INDUST	RY
	RDS RDS	USUA	L RESIDENCE (IF IT	NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE AD	MISSION)				PACHUEIA	DICE	CE
.2120	AND		aryland	136 COUNTY		Baltimo	re	YES NO	13822	McCabe	Ave.	21212	
WD	H. 2.	14. F/	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NA					AIDEN NAME	MIDDLE		LAST	
Æ,	A SI		-DWART						E		KEN	INEDY	
IMO	PA PA		VAS DECEASED EN			100		17. INFORMANT		ADD		ROSSITI	=R AV
ALT	A SING					1214-03-	1655	ALBERT	CHRIS	TOPHER	9001	2121	2
	WIT WIT		18 CAUSE OF DE	EATH (Enter only	ane cause per line	far (a), (b), and (c).)	1000			AT LACT	APPROXIMATE	E INTERVAL
N N	SE S		PARTIDEATE	IMMEDIATE	BY: CAUSE (a) A1	terioscle	erotic	cardiova	scular	disease		00111201101100	
STO	A A LO							4000			4-2-7		
8	AL H REA			if any, which	(b)								
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	ON, ON,		lying cause l	DST.	(c)							- 300	
ORDS,	A BUING"	z	PART 2 OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING TO DEATH I	UT NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION GIVEN	IN PART 1 (a).				
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	ATE SHE S		22a I certify th	nat I taak charge	af the remains desc	ribed abave, held o	n Autap	osy . Inspe	ection X,	Inquiry .	and in my api	inian	
	N SE		death resulted	ram: /Natural	eauses X	Accident,	Suicide	, Hamicide	. Undete	rmined manner	<u> </u>		
	WIT		/	The	14	1	/	TITLE (SPECIFY	()				
	A PER -		SIGNATURE	Al Will	101	Bull	)N	AD Acting	Chiefen	CAL EXAMINER	DATE	2/9/85	
	AORA STATE		EV AM INTERIC ALA	***									
	SECUENCE SEC		(TYPE OR PRINT)	"Thomas	s D. Smit	h, M.D.		ADDRESS 11	1 Penn	St. B	alto.,MI	D.	
	DA STAR	23a.B	URIAL, CREMATIO	N, REMOVAL 236	DATE	230 NAME OF	CEMETERY	OR CREMATORY	23d. LOC	CATION	COUN	TY SI	CATE
07/84	BP	CA	EMATIO	N	2-14-1	S GREI	ENMON				20011	1	PROSUMATE INTERVAL VEAR 24 HOUR 1985 M  INDUSTRY  INDUSTRY  ITER AVI  ITER A
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITHING THE WORD." PROBLIGH IN 1EM. IT BE, GIVER PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL—TRANSIT FERMIT PAGES 1 AND 2.8 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	24 F	UNERAL DIRECTO	R	ADDRESS	6500	10R12	RU, 250. DA	ATE REC'D. BY	REGISTRAR W.	REGISTRAR'S SI	Gryfurg 22		
		M	TCHEIL -	WIEDE	FELIS HO	ME JAC, BAL	10, 2	12/2/1	R T A	DOO July	a paveasor		
		-											



## CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME Robert Layman 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 3. SEX White Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED DIVORCED [ 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Calvert St. Agnes Hospital Baltimore Machine Operator ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Woodlawn 6737 Edward Avenue NO X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Ella Frank Layman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Eunice O. Layman WW 2 212-05-2012 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Brain Anoxia IMMEDIATE CAUSE (o) Probable Brain Skn Stroke Conditions, if any, which gove rise to immediate couse (o), stoting underlying couse CERTIFICATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 71h TIME OF INJURY 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that () (this hospital) attended the deceased from (we) (did) (did) DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME ITYPE OF PUBL should be with the S Andrew GORDON 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial 2/22/85 Woodlawn Cemetery Woodlawn

same as # 13 APPROXIMATE INTERVAL 3 minuto DIE TO, OR AS A CONSEQUENCE OF Metastatic Prostatic Cercinoma 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE (our) opinion death occurred on the date and hour and from the courses stated 900 CATON Ave Bultimore Md Md. TENERAL DIFFET & Russell C. Witzke Funeral Homes P.A. 13th DATE REC'D BY REGISTRAR 211 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, Md. 21228 FFR 20 1085

2b. HOUR

12h KIND OF BUSINESS OR

21207

Distillery

IF UNDER 24 HRS

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85

IF UNDER I YEAR

King

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) DEATH MATED XX 19 85 Warren Leak 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 12:50 DATE PRONOUNCED 10 Black 194 Male DEAD 19 85 P. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED North Carolinia U. S. A. WIDOWED OURS AFTER DEATH. IF ANY DELAY IS NEK 18. GIVE PAGES 1, 2, AND 3 TO THE FUN 5. WITH FORM PM 3. MIT. PAGES 1 AND 2 SHOULD BE FILED, W. F., DIVISION OF WITAL RECORDS, 201 W. F. DIVORCED Baltimore City IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Self-Employed 914 N. Gilmor Street Masonrey Baltimore USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS Linworth Ave. Maryland Baltimore 13d. INSIDE CITY LIMITS? Apt/3B YES NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Leak Ruth Roland Walter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1209 DRESSINWORTH Ave. Apt. 31 NO (YES, NO, OR UNKNOWN) 241-78-6955 Linda Leak Baltimore, Maryland JAL - TRANSIT PERMIT. P. MENTAL HYGIENE, DI. ON, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Diabetes Mellitus IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HY Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IO CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI 1 PRIOR TO BURIAL, YES [] NO X 218 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 2To HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX. 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry Natural causes XX Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2-21-85 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth. M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 2-25-85 Hillside Memorial Park Laurinburg, Scotland, North Car. Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Marzullo Funeral Service Reisterstown.Md. (VR A15 ME (5))

STATE OF MARYLAND

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18 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   178 LUNCH OF BUILDING WORK FOR WORK OF	2	CQUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MARRIED	211	C.1
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18. CAUSE OF DEATH (Enter only one couse per line for Io1, (b) and Ic.  PART I, DEATH WAS CAUSED BY.  DUE TO, OR AS A CONGEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  196 AUTOPSY?  196 ACCORNI WAS UNDERTIFYED OR CONTRIBUTING CAUSE OF DEATH PORT CONTRIBUTING CAUSE OF DEATH PORT CONTRIBUTING CAUSE OF DEATH PORT CONTRIBUTION CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE DEATH OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DIS		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. V INFORMANT	ADDRE	55 0 0 -
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THE PLYSICIAN S NAME (TYPE OF MAN)  236 BURIAL, CREMATION, REMOVAL 236. DATE  237 CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR P.M. M.	Sws of	THE DATE OF CIERATION	The condition for which	TOTERATION WAS TERRORINED	10000000	IN CERTIFYING CAUSES OF DEATH
216. PLACE OF INJURY  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hospital) thended the lecease from and that in implication death occurred on the date and hour and from the cause for the power of the p	- 07	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
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DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	S S		ital) Itended the deceased fram,	2/4/ 10.95	, to	5, 19.85, that (1) @
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	n 21 i	The state of the s	t) view the body offer death.		on death occurred on the do	
230 BURIAL, CREMATION, REMOVAL 238. DATE 236. NAME OF CEMETERY OF CREMATORY 238 LOCATION CINCORTOWN	H He	X/d/	O. M.	ATTENDING		F - 2/1-/01
230 BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OR CREMATORY 230 LOCATION CITY OF COUNTY	ANT		MAN (		DIRECTOR   PHYSIC	IAN 2/3/85
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITIZETOWN ACOUNTY	POR	K. 1	Kobie-Duh	m) Werc	4 HOSP	- B Service
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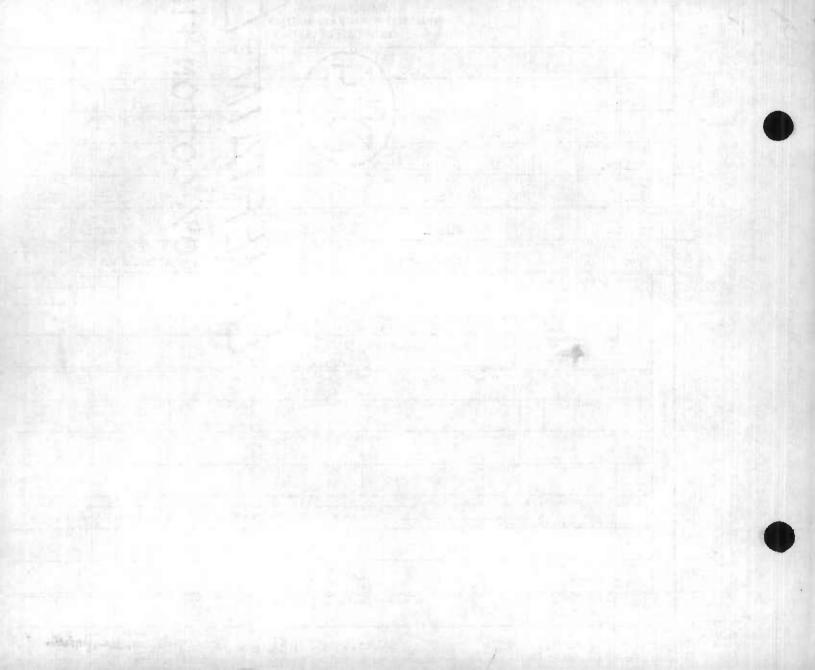
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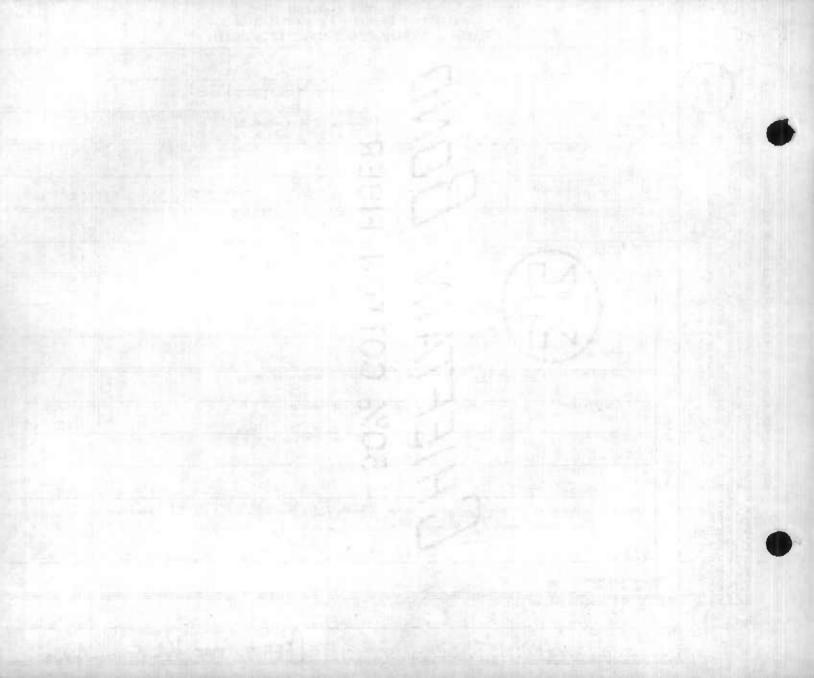
## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CLKIII	ICAIL OI D	LAIN		REG. NO.			
I. DECEASED NAME FIRST (TYPE OR PRINT)	MI	DDLE		LAST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b HOUR
CECILIA	A	М.	L	EDUC			2	18	85	
3. SEX	4 RACE	11.5	S. DATE O			6. AGE (IN YEAR	LAST BIRTHDAY	IF UND	ER I YEAR	IF UNDER 24 HRS
Female	White		12		20	64	YR		DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	D NEVER A	APPIED []	9 BALTIMORE	CITY OR COUN		EATH	
Maryland	U.S.		WIDOW	-	ORCED K	Balto	o. City			M
Balto.	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A S. Spring	DDRESS)		TUTION	12a USUAL OC (1YPE OF WORK FO Homer	R MOST OF WORKIN		KIND O DUSTRY	F BUSINESS OF
USUAL RESIDENCE (IF NURSING HOME OF 136 COL	NTY	Balto.		13d INSIDE C	NO 🗆	13e STREET ADI	Spring	g Cou	rt	21234
Herbert	MIDDLE	ohnson		Juli	MAIDEN NA		ndore n	Мо	rris	1
160 WAS DECEASED EVER IN U.S. A (YES NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	66 SOCIAL SECUR 213-16-32		Mrs.		lfieri	Balto			nagh Ro
Conditions, if any, which gove rise to immediate cause (a) state a the underlying call last.	(b)	AS A CONSEQUE	12)	enth "	Aut	Lo.				
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	16.56.56	NTRIBUTING TO D				20e AUTOPS	Y? 20b. IF	YES, WER	E FINDIN	
	ATH HOUR A.M	. MONTH DA		21c HOW IN	JURY OCCURE	YES N	0	YES 🗌		NO []
OR CONTRIBUTING CAUSE OF D  INFEITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE O		RM ETC)	211. LOCATIC STREET	N	C	ITY OR TOWN	cc	YIMUC	STATE
22a.l certify that it the has saw the decreased flive a above. It was land to de		10	, 01			death occurred a	n the date and			that (1) (we) los causes stated
22b. SIGNATURE	1	4			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	2:	2c. DATE	SIGNED
224 PHYSICIAN'S NAME (TYPE	1 fi Ro	n',		22e ADDRES	236	Bus				
230 BURIAL, CREMATION, REMOVA (SPECIFY) Removal	23b. DATE 2/19/		AME OF C	EMETERY OR C	REMATORY	23d LOCATIO		COUN	JT Y	STATE
24 FUNERAL DIRECTOR	D1	ADDRESS	D 1.		250. DAT	E REC'D. BY REG	STRARIZS REG			URF
Anatomy	Board		Balt	o., Md.	FFB.	N 0 1904	2 mark	Javidson	A-Nos	1

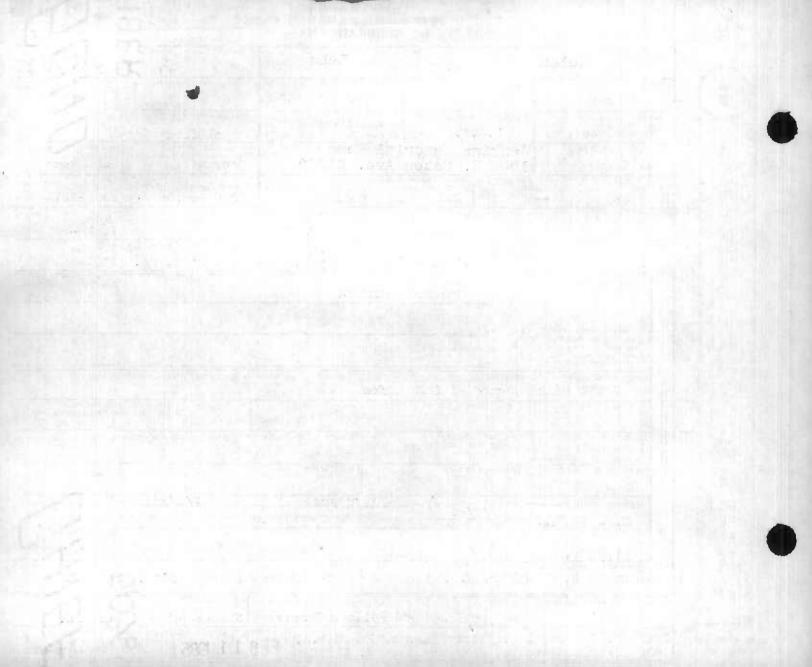


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-Lorenzo DEATH MATED Tee 19 85 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE Black PRONOLINCED Male DEAD 19 85 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y Maryland U. S. A. Baltimore City DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 2200 blk. Brunt Street SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136. CITY OR TOWN Maryland 13d INSIDE CITY LIMITS? 595 Baker St. 21217 YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lee, Sr. Viola Lorenzo Boll 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS IYES, NO OR UNKNOWN HE YES, GIVE WAR OR DATES) Viola Lee 595 Baker St. 21217 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: Gunshot wound of Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 10:500PM 19 85 subject was shot 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. TH LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK XX 2200 blk. Brunt St., Balto., Md. on street Autapsy XX. 220. I certify that Leoak charge of the remains described above, held an Inspection Inquiry and in my apinian - HamicideXX Natural causes Undetermined manner Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2 - 3 - 85Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 2-8-85 Burial King Memorial Park Baltimore 07/B4 Maruland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Suna Davidson 1348 N. Calhoun St. Vernon R. Bailey (VR A15 ME (5))



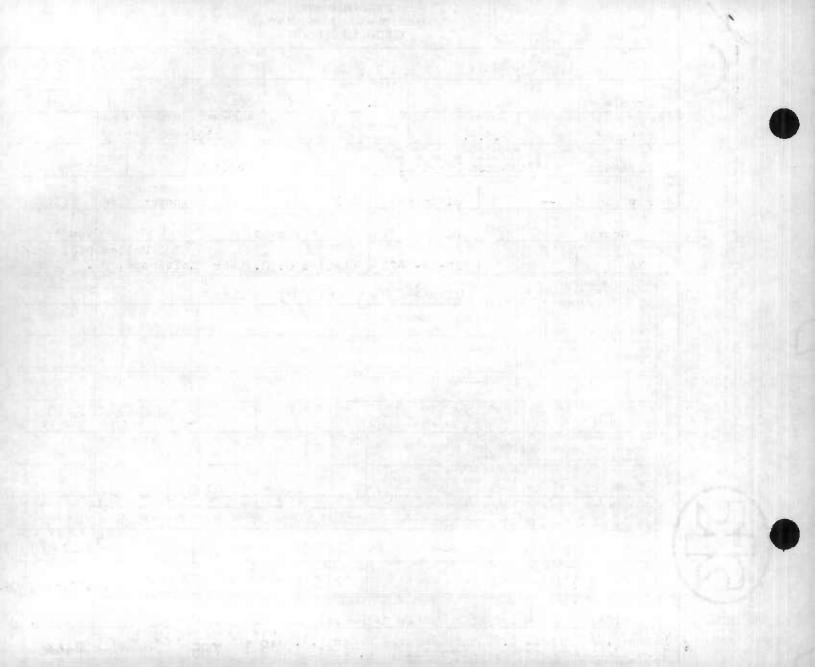
6		em 4 per phone FOR STATE REGISTRAR		RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	
ER		CEASED NAME FIRST A	mes MIDDLE C.		^{AST} Leedham	20. DATE OF DEATH	2 23 85 243
V	1. SE	F	4. RACE Queqsian	5. DATE O		6. AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER TYEAR  IF UNDER 24 H  MONTHS DAYS HOURS M  YRS.
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Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 16b SOCIALS (E WAR OR DATES) 217-12	-3634	Harry J. Leed		Re- Louisville, C #80027
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In signed to Then pleo or to buriol, injury, or to	NOI	PART 2 OTHER SIGNIFICANT	5 MELLITUS	THE COL			
thos being the price pri	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	YES NOT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
errificate riol-trans antol Hyg		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
ter this of the bund We hand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE, FARM ETC )	211. LOCATION STREET	CITY OR TOV	WN COUNTY STATE
RAL DIRECTOR: A detoched for use of tote Dept of Healt NT: If Hem 21 is mo		270 I certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did no 27b. SIGNATURE	of view the body ofter death.	19 85 ,0	DEGREE		te and have and from the causes stated
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TO FUNERAL should be det with the Store IMPORTANT:	220	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION	2/2

0.3 STATE OF THE STATE BURNING PROCESS FOR FORCE PROCESS FOR SULTON



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AL RECORD
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DIVISION

I. DECEASED N. (1476 OR PRINT)  3. SEX MAIE  Ja. BIRTHPLACE COUNTRY!  MARYIA  10. CITY OR TO  BALT II  MARYIA  10. CITY OR TO  MARYIA  10. CITY OR TO  MARYIA  10. COMB II  MARYIA  10. CEELHICA  MARYIA  10. COMB II  MARYIA  MARYIA  10. COMB II  MARYIA  MARYIA	REGISTRAR		CERTIFICATE OF DEATH	REG. N		
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	1 /	CA <b>USA</b> SIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 23 YRS. FUNDER 1 YEAR IF UND MONTHS DAYS HOURS		
36	(	RTHPLACE (STATE OR FOREIGN OUNTRY) RYT.AND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BATTTMORE	R COUNTY OF DEATH
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3	USU/ MA	RYLAND 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY BALTITIM	ORE YES NO [		ZIP CODE MONUMENT ST. 2120
		JOSEPH	MIDDLE LAST T,FHN		MIDDLE	HENDRICK:
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motic e			DUE TO, OR AS A CONSEQUE	ENCE OF purbaloly A	condany	
other trou		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of blastome	2_	
سري، ود	NO	PART 2 OTHER SIGNIFICANT	107	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART Trail
Ē			THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
Ouy	TIFICAT	19a DATE OF OPERATION			YES NO	150
S shows only		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH DA	AY YEAR 19		
Item 18 shows only		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE ] NOT WHILE	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION		RY IN ITEM IS PART I OR PART ?)
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If Hem 21 is morked or Item 18 shows ony	WEDICAL WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hosp obaye, (1) (we) (did) (did not obaye, (1) (we) (did) (did) (did not obaye, (1) (we) (did) (did) (did)	ATH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  (ital) ottended the deceosed from P.M.  21 of PRRY  OR PRRY  DO PRY  DO PRRY  DO PRY  DO PRRY  DO PRY  DO PRRY  DO	AY YEAR 19 211 LOCATION SIREET  ARM ETC   211 LOCATION SIREET  ATTENDING PHYSICIAN  22e. ADDRESS  CALLL S  NAME OF CEMETERY OR CREMATORY  STVIEW CREMATOR	CITY OR TO  CITY OR TO  CHARLES TAIL  MEDICAL STAIL  DIRECTOR PHYSIC  PHYSIC  TO ALLOCATION  BALTO	WN COUNTY STATE  WN COUNTY STATE  19_85 , that (1) (we) to obt and hour and from the causes stated  27c. DATE SIGNED  FF. TCb 10 8



mpletely filled in by the fu and 2 should be filed with

injury, or other troumatic event, th

should be detached for use as the burial-transit permit. Then please remove cowith the State Dept, of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traums

within 24 hours

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	REG	, NO.			
1 DECEASED NAM			MIDDLE	Ĺ	AST		20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR
TIPE OR PRINT)	GEORG	E	Kenneth	LE	= IMBA	CH		2	9	85	3 PM
3. SEX		4. RACE		S. DATE C		YEAR	6 AGE IN YEARS LAS	T BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
MALE		NHI	TE	4	7	1907	7	7 YR			
79 BIRTHPLACE			WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF D	EATH ,	1
Maryland	đ	U.S.A	•	WIDOWE		RCED	130	altc	) • (	1	44 MD
10 CITY OR TOWN	+O .	(IF NOT IN SU	HOSPITAL, NURSIN	MODRESS)			12a USUAL OCCUP (TYPE OF WORK FOR MC Clerica	ST OF WORKIN	G LIFE) IN	DUSTRY	Mfgr.
USUAL RESIDENCE	E (IF NURSING HOME OR 212	OTHER INSTITUTION	130. CITY OR TOW Baltimo	N		0	13e.STREET ADDRE		ODE USU	all	2120
George FIRST		MIDDLE .	Leimbach		15. MOTHER'S M		MIDDI	E	W	<i>l</i> asmů	th
NO YES, NO OR UNK	ED EVER IN U.S. AR	MED FORCES?	213-09	1324	17 INFORMANT Doris			oress ame as	13e		
Canditions gave rise cause (a) underlying	DEATH WAS CAUSE  IMMEDIA  , if ony, which to immediate , stating the cause last.	D BY:  TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C	CAR CIN  OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO B	NCE OF	CF.		CREA!		GIVEN IN	V PART 10	0
19a. DATE OF	FOPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORA	AED	20a AUTOPSY?	IN CE	RTIFYING		NGS USED OF DEATH?
S OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF DEA	P) P	.M. MONTH DA .M.	AY YEAR			YES NO	~	YES [	OR PART 2)	NO []
21d INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK	21e. PLACE (AT HOME, SI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY C	OR TOWN	C	OUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

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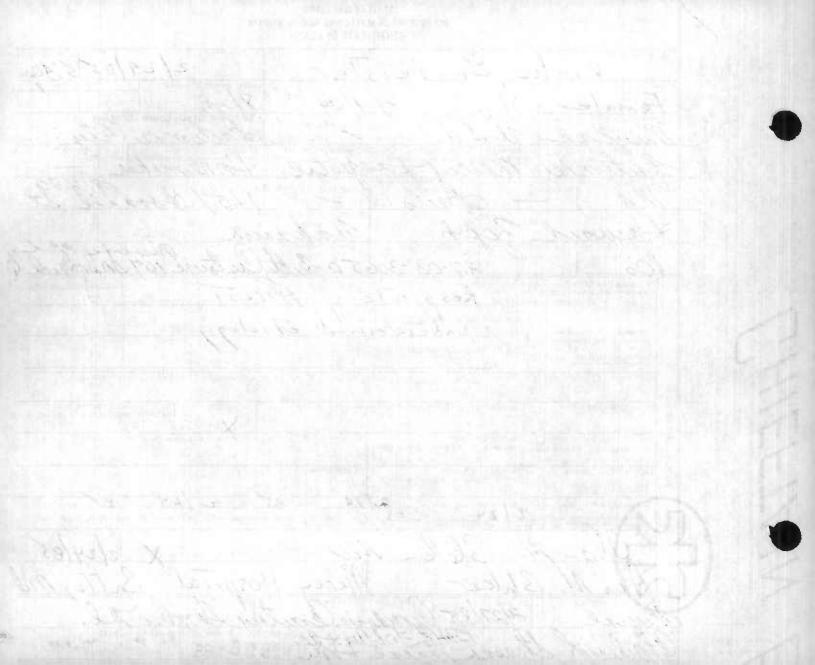
TO FUNERAL DIRECTOR: After

TO HOSPITAL

Walter Brooks Bradley, Inc. Balto., MD 21222

FEB 1 3 1985





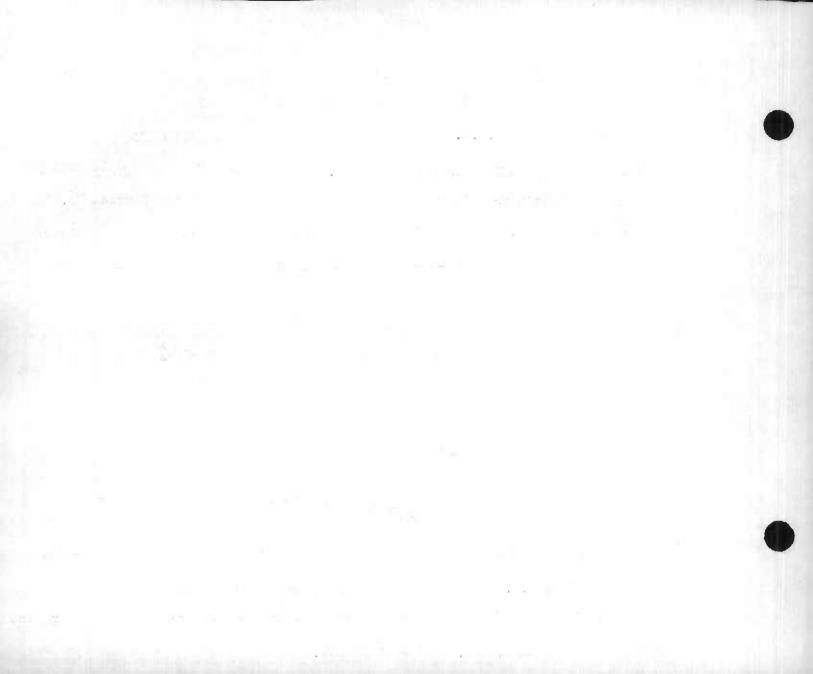
injury, or other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

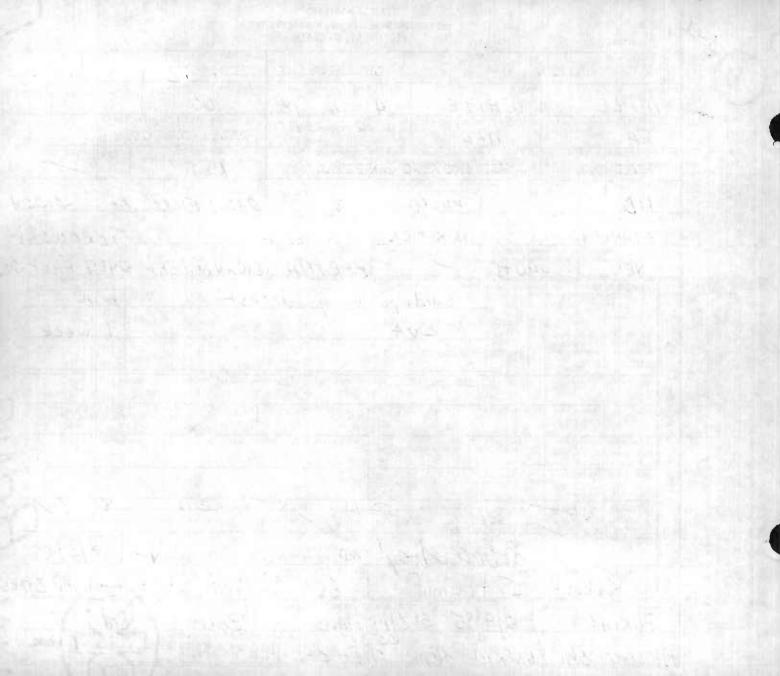
ı	REGISTRAR			CERTIF	ICATE OF DEATH	R	EG. NO.				
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MID	DIE	l	AST	2a. DATE OF DEA		DAY	YEAR	2b. HOU	JR
ı	VERNO	N FO	ORD	LEON	IARD		02	19	85	7:05	SP M
1	3. SEX	4 RACE		5. DATE C		6. AGE IN YEARS	AST BIRTHDAY	IF UNI	DER I YEAR		
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	160, WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
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1	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	DUE TO, OR A		DEATH BUT	LL CELLEVE ELIFONIC F NOT RELATED TO THE TER IN WAS PERFORMED	ndocor	CONDITION	GIVEN IN	RE FINDI	INGS USEI	
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		AIN .	INJURY MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM	18 PART TO	OR PART 2)		
	TO CONTRIBUTING CAUSE OF DIE	21e. PLACE OF	FINJURY 1, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	(11	Y OR TOWN	C	COUNTY	5	STATE
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	22b. SIGNATURE	mel		M	D ATTENDING PHYSICIAN		STAFF PHYSICIAN		27c. DATE	20/8	5
	LUIS ZUNIGA,				22. ADDRESS 1101 MAIDE	EN CHOICE	LANE				
	230. BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	CITY OF TO	NWC	COI	UNIY		STATE
	Burial	2/23/8	5 L		Park Cemeter	ry   Baltin	nore		176		yland
	24 FUNERAL DIRECTOR	HOVE TY	ADDRESS	212	100	ATE REC'D. BY REGIS	IRARIZSI. REC	GISTRAR'S	SSIGNA	TURE	179
	HUBBARD FUNERAL	HUME, IN	C. 4107	MITIKE	ENS AVE.	40000	D July	n man (	1480A A-1	melange	Aut

DHMH - 16 50M 4/83 (VRA 15, 4)



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	H	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 4 5	10
	0		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
1 65		(TYPE	ALFRED		LEWANDOWSKI	FEB. 6,1	.985	1:30PM
1 10		3. SE)		RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTH		IF UNDER 24 HRS
	123		MALE	WHITE	MONTH DAY YEAR	66	YRS. MONTHS DAYS	HOURS MIN.
2 65	40			L CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR		
有 智	15		PA	459	WIDOWED DIVORCED	BALTIMOR	E CITY	MD.
2 2 2 2 3 3 3	300	100	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
2 24	\$00		BALTIMORE	JOHNS HOPKIN		CET		
in 24 hou y titled in should be	BE	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / 12407 FIE	ZIP CODE Et 3+	بادداد
13	00		STANLEY "	UN KNOI	ON Amelia	ADDRES	Tok	owski
be med on and s. Pages	u medico		1100	MED FORCES? 166 SOCIAL SECU	BERTHA	LEWANDOW:	ski 2407	FIEETS
that the death certificate by the attending physic case remove corbanishpe of, company or company	r other traumatic event.		PART I. DEATH WAS CAUSED	y ane cause per line lar (a), (b), and (b):  CAUSE (a)  DUE TO, OR AS A CONSEQUE  (c)	e pulmonery ar.	rest	BETWEEN //) / //	Week
en signed Then ple	injury, ar	NOI			DEATH BUT NOT RELATED TO THE TERM		200	
he law an. has be t permit	(uo sono	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
g physicis g physicis ertificate rial-transit	ttem 18 sh		2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
offendir offendir ter this is the bu	rkedor	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
ATTENDIR Sspital or CTOR: Ald for use of	n 21 is mo		22a. I certify that (1) this beapting saw the deceased alive an above (1) (xe) (did) (did not	1	7 19 19 aprilian	death occurred an the date	e and hour and fram the	
by the hores	NT. If the		226. SIGNATURE	Robol St	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE	SIGNED 6
TO HOSPITAL of the TO FUNERAL Should be detonated by the State Line of the State Lin	MPORTANT		Robert	Strumpt	600 N	! Wolfe 5.	t. Bultimor	MDZIZO
		23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	cpunty)	STATE
BP		24. F1	NERAL DIRECTOR	1 2/7/10 12F	27AN13/AU3	F REC'D BY REGISTRADIA	MA REGISTRAR'S SIGNAT	1800
DHMH - 16 50M 4 (VRA 15, 4)	/B3	KA	CZOROWSKI F	UNERAL HOME	C FIELT St. FI	EB 7 1985	Julia Davidson	- Mandell



Anatomy Board

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Balto., Md.

76 HOUR

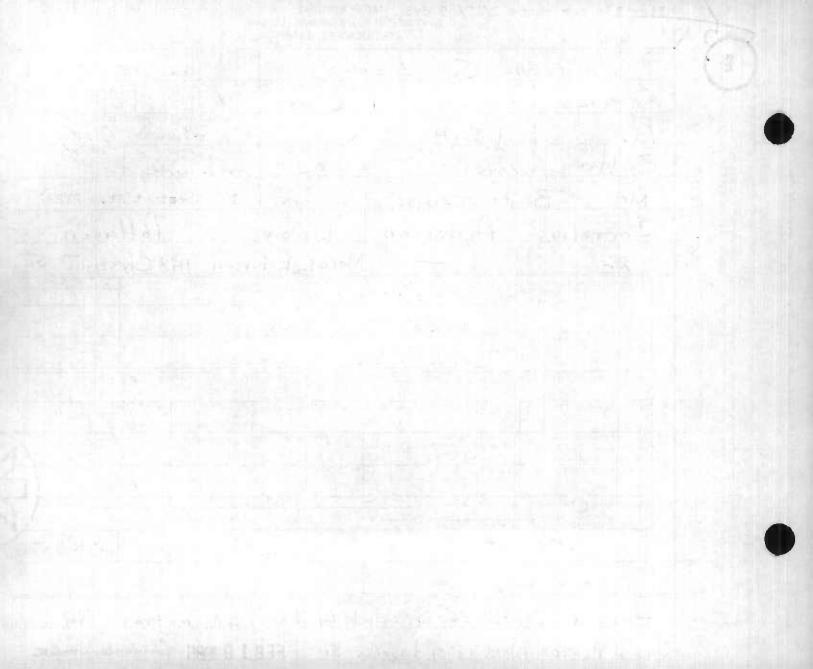
HOURS.

3:00 AM

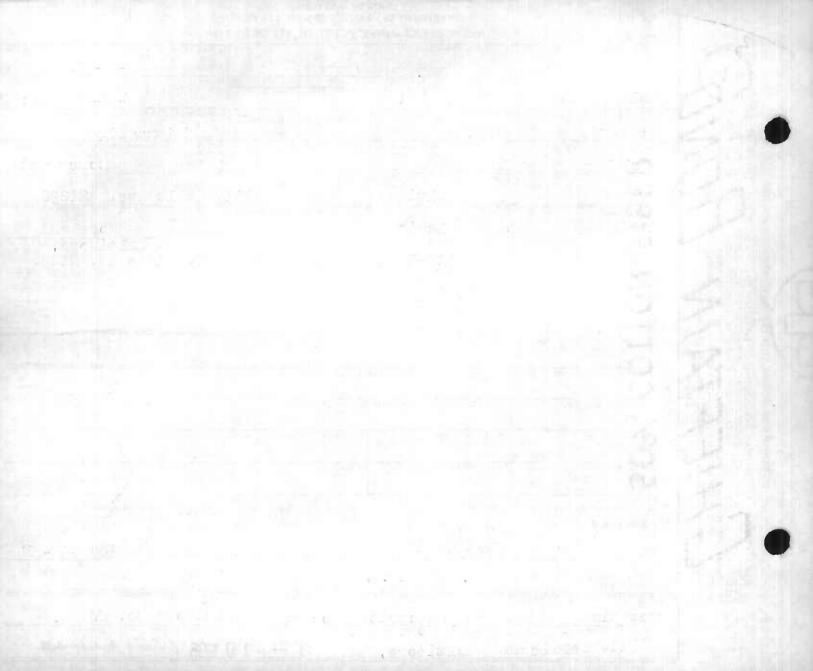
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STATE

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5	1 -	STATE REGISTRAR	DEPARIM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	EW/S	20 DATE OF DEATH	ONTH DAY YEAR 26. HOUR
3.	3. SEX	MARTI	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	/-	- EMALE	BLACK	MONTH 6 1887	98	YRS MONTHS DAYS HOURS MIN.
83	V	Q .	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	/3 0	COUNTY OF DEATH
90	T	39/40/	MASON FACILITY, GIVE STREET A	- LORD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	
35	13a S	Mal. Bo	13c. CITY OR TOWN		13e STREET ADDRESS	tnut St. 21222
30	4 FA	THER'S NAME FIRST OF NELLUS	DOLE. Patters	15 MOTHER'S MAIDEN N	WIODIE	Patterson
2 medical		(IF YES, GIVE W		M 1 D	berson 14:	8 ChesTNUT ST.
event, the	2	18 CAUSE OF DEATH Enter only of PART I DEATH WAS CAUSED E	PNEI	moNIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2			DUE TO, OR AS A CONSEQUE	NCE OF		
ner froumot		Conditions, if any, which gove rise to immediate cause (a), stating the	(b) VIRAL  DUE TO, OR AS A CONSEQUE			
ny injury, or oth		underlying cause last PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUE!	APLE STROPELATED TO THE TER.		TION GIVEN IN PART 1/o
ony injury,	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (		20a AUTOPSY?	ROB. IF YES, WERE FINDINGS USED
Shows Thoms	RTIFIC				YES NO	N CERTIFYING CAUSES OF DEATH?  YES NO
-/2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJURY I	N-11EM 18 PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
is morked	H	saw the deceased alive an abave, (1) (we) (did) (did nat) v	differed the deceased from	and that in (my) (aur) apinion	, to, to	and haur and fram the causes stated
2		22b. SIGNATURE	7 10-	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Fea		1	1100	PHYSICIAN I	DIRECTOR PHYSICIA	NO 2/5/85
Fea		22d PHYSICIAN'S NAME (TYPE OR PR	ING AU		DIRECTOR   PHYSICIA	NO 2/13/83
MPORTANT: H Hem	13a BI	KIN S	ING AU	PHYSICIAN	DIRECTOR PHYSICIA  23d LOCATION  CITY OR TOWN	tox, COUNTY VQ. STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED 2-15-8519 WESLEY SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR 51 VPS PRONOUNCED Male White 20 2-15-8519 7:30/ DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland U.S.A. Baltimore City DIVORCED ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS FOR MOST OF WORKING LIFE! 2250 Gables Avenue construct. Baltimore Labor JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 138. INSIDE CITY LIMITS? 13. STREET ADDRESS 2250 Gable Ave. Maryland Baltimore 21230 YES X NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE M. El ba Moreland Lewis 17 INFORMANT ADDRES Baltimore, Md. 166. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-28-1042 Dale Lewis 4306 Ridge Rd. 21236 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Carcinoma of lung IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES [] NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMNER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR; PAGE 3: AFTR DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autapsy Inspection ond in my opinion Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 2-18-85 Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 238 LOCATION STATE Baltimore Cremation Co. Md. Security Process 07/84 25M 24 FUNERAL DIRECTOR DIPPEL Funeral Homes 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Inc. **DHMH - 17** Aulia Davidson-Randell Belair Rd. Baltimore, Md (VR AIS ME (S))

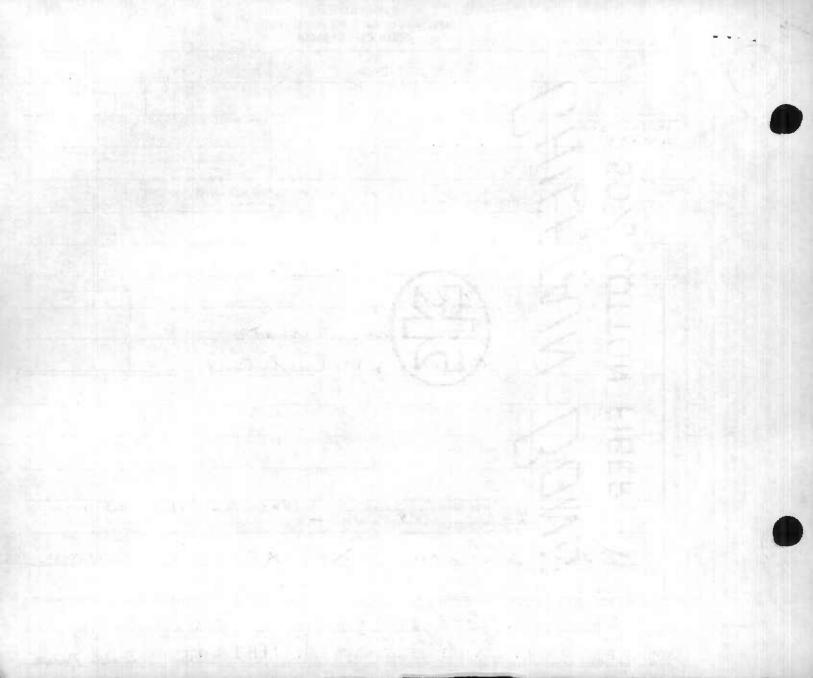


TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, or removal.

DHMH - 16 60M 7/

(VRA 15, 4)

1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		0	C P	1 4
1. DEC	CEASED NAME FIRST	WIDDLE	L	AST	REG.		AY YEAR	26 HOUR
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3. SE)	X	4. RACE	5 DATE C	)F BIRTH	6. AGE (IN YEARS LAST		FUNDER 1 YEAR	IF UNDER 24 HRS
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7-9	ENASESSEE EIGH	76. CITIZEN OF WHAT C	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O		M
	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 2314 SOUTH	, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEW)	TION TOF WORKING (IFE)	12b. KIND C INDUSTRY	F BUSINESS OF
MA	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUNTY NAME)	BAJ	DENCE BEFORE ADMISSION) Y OR TOWN LTIMORE	13d INSIDE CITY LIMIT YES X NO 1	2314 SOUT		21209	)
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16a V		IVE WAR OR DATES)	CIAL SECURITY NO.	17_INFORMANT		ON 2314		ROAD 2:
	NO  18 CAUSE OF DEATH (Enter o		0-32-2958	into into in	O. GREENSI O	JN 2314	-	MATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	11				BEIWEEN	Los
CATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	JTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO	INDITION GIVE	N IN PART 11	
T.	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY O	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJL (AT HOME STREET, FACT	ORY, OFFICE FARM ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did n	7-1	19 8 5		984, ta 2	date and haur		that (1) (we) las causes stated
	226. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	PORPRINT)	lon .	DEGREE ATTENDITY PHYSICIAL PROPERTY AND THE PHYSICIAL PROPERTY PRO	NG MEDICAL ST AN DIRECTOR PHYS	AFF BICIAN [	REBRUA	RY 11,
	CORAL GORD	ON		2122 POT	SPRING ROAD			
23a B	BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATO	ORY 23d LOCATION			
	BURIAL	FEB. 13.19	85 HERREN	FRIENDSITI	BALTIMOR	RE. MARY	LAND	STATE



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MPORTANT. If Hem 21 is marked or Hem 18 shows ar

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

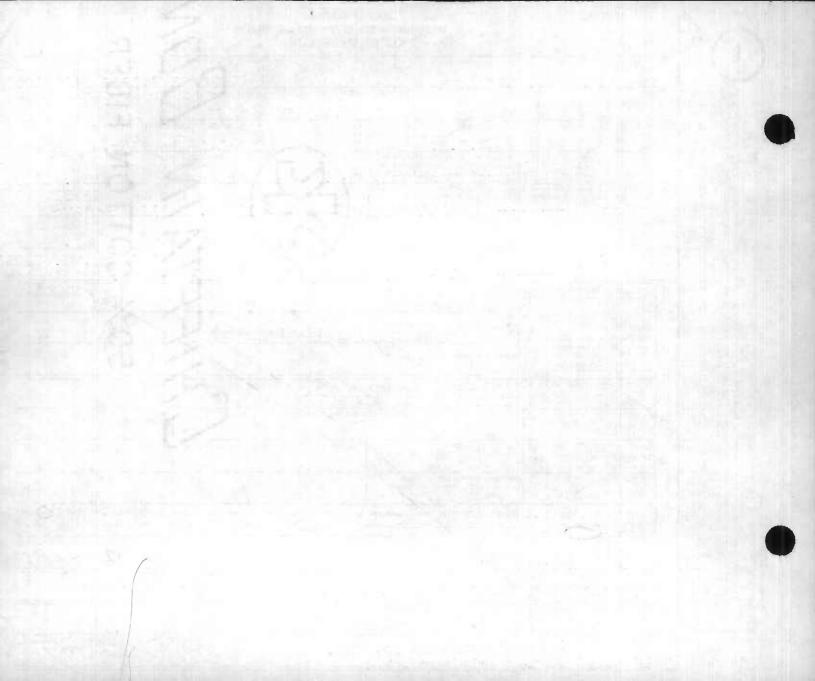
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3. SE			RACE	******	5. DATE	OF BIRTH			6. AGE (IN YEARS LAST BI		IF UNDER 1 YE	AR IF UNDI	ER 24 HRS
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	VAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFOR	MANT	7	ADDR	Balt	imore	. Md.	2123
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	220.1 certify that (1) saw the decease above, (1) (we) (c	ad alive on E	EBRUA	RY 4		ind that in (n	19_ ny) (01)	85 pinion d	to FEBRUA			the causes	
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	BURIAL, CREMATION,		23b. DATE		231 NAME OF				23d LOCATION CITY OR TOWN		COUNTY		STATE
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24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

7110 Belair Road Baltimore, Md.

250 DATE REC'D: BY REGISTRAR 256 REGISTRAR'S SIGNAL AND THE REC'D: BY REGISTRAR 256 REGISTRAR'S SIGNAL AND THE REC'D STRAIN AND THE REC



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es that the death certificate be executed within 24 hours ned by the attending physician and completely filled in by please remove corbanpopers. Pages I and 2 should be fill ural. cremation, or removal.	13a. S	STATE 13b. COUN		OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
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low low se be se b	N. P.	196 DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED		IN CERTIFYING CAU	ISES OF DEATH?
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DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		ADDRESS	250 DAI	FREC'D BY REGISTRAR	256 REGISTRAR'S SIGN	NATURE OF THE PROPERTY OF THE
(VRA 15, 4)	CI	ARLES S ZEI			STERM AVE	FR 7 7 1882	20 KING PROPERTY	- 16

THE LEWIS CO. LANS MAN WAS NOT THE WAY THE TANK THE TOTAL CONTRACTOR

STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

REGISTRAR

126 KIND OF BUSINESS OR FOR MOST OF WORKING LIFE! INDUSTRY Produce 13e.STREET ADDRESS / ZIP CODE Rolle ame as Above APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES M NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 85, that (I) (we) lost and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED Burnie, A.A. (o. Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR & SIGNALUS who wastdam Funeral Home, 130 r. Fort

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

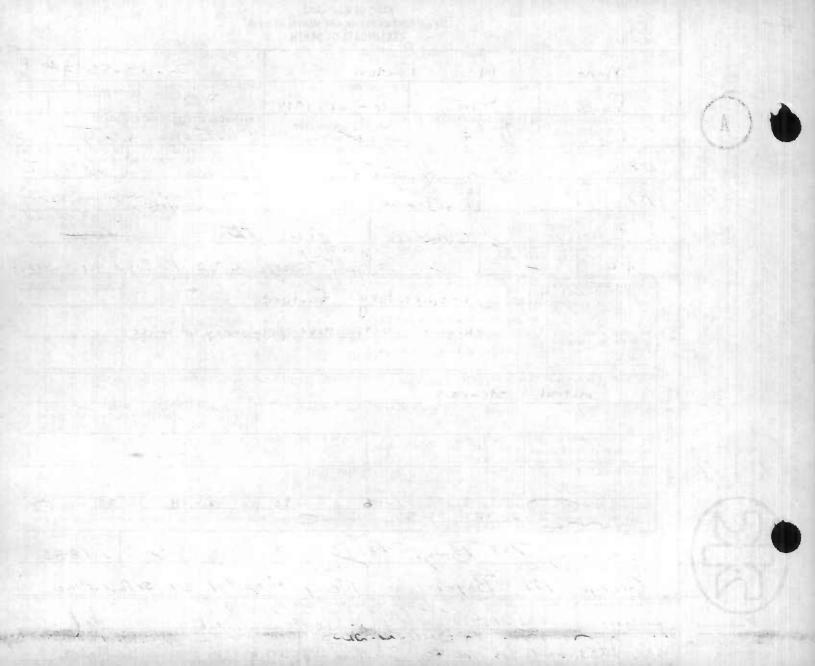
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	1.	STATE REGISTRAR	DEF	CERTIFICATE OF DEATH		
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may pag	3. SE		4. RACE	5. DATE OF BIRTH		UNDER 24 HRS
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od ( A A		RTHPLACE   STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
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Name of the state	GE	210. ACCIDENT WAS UNDERLYING		1 DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	
	N N	OR CONTRIBUTING CAUSE OF D	ZCAIII	19		
NG PHYSICIAL of the this certification of the burial-triple that and mental orked orked them.	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	211. LOCATION STREET	CITY OR TOWN COUNTY	STATE
DING or off After se as the calth a		AT WORK AT WORK				
			spito) attended the deceased	from 2-16 , 19 85	n death occurred on the date and hour and from the cou	ot +11 we lost
R ATTEN hospital RECTOR: ned for us ppt. of He		obove, HI (We) (did) Haid	on 2 - 18 not view the body after death.			
OR o h		226. SIGNATURE	70 77	DEGREE ATTENDING	MEDICAL STAFF	SNED
7 7 7 5 5 C		Veorg	1 100	247 PHYSICIAN	DIRECTOR PHYSICIAN 2-18	-85
HOS ined FUN Muld b		George	M Boyer	220. ADDRESS Mercy F	lospital 301 St Paul Pla	a ce
Of Of WAY	230.	BURIAL, CREMATION, REMOV		734 NAME OF CEMETERY OR CREMATORY		
BP		Currel	2.21-1985	They (Podeanel	COUNTY TOWN	STATE
DHMH - 16 50M 4/B2	24/F	UNERAL DIRECTOR	0 0 3	all - Lef - 2123   250. D	ATE RECO. BY REGISTRAR 256, REGISTRAR'S SIGNATURI	E
(VRA 15, 4)	14	for J. Comos	I Son one.	701 Halling STER	2 1 1985 Julia Tavidson Randal	2 "



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (NMI) LINVILLE 85 2:30n & AGE LIN YEARS LAST BIRTHDAY S. DATE OF BIRTH July 26 1916 White 68 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED BALTIMORE CITY USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY HOME SELF-EMPLOYED JOCH RAVEN VA HOSPITAL TMPROVEMENT GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE HE NURSING HE WE CONTINUE HEATIFULTION CITY OR TOWN 9731 CONMAR RD. 21220 Baltimore YES [ NOX 15 MOTHER'S MAIDEN NAME MIDDLE IDA DAVIS LINVILLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ANNIE LINVILLE (WIFE) 32-18-6585 SAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF small cell lung CA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a SCASE 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) DAY YFAR P.M. 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC } 22a. I certify that A (this haspital) attended the deceased from JANIARY 10 FEBRUARY 18 1985 saw the deceased aliver on FFBRUARY 18 abave Ali (we) (did) (did not) view the bady after death __19___85___, and that in (Xy) (aur) apinion death accurred an the date and have and from the causes stated

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

71d INJURY OCCURRED

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying cause

PART I. DEATH WAS CAUSED BY

716 TIME OF INJURY HOUR A.M. MONTH

22b. SIGNATUR

- STATE

LTYPE OR PRINTS

COUNTRY

BALTIMORE

MD.

LYES NO OR UNKNOWN

4 FATHER'S NAME

YES

3 SEX

REGISTRAR

Male

BIRTHPLACE ESTATE OF FOREIGN

Va.

DAVID

ID. CITY OR TOWN OF DEATH

FIRST

PAUL.

Balto.

MIDDLE

4 RACE

DECEASED NAME

DEGREE

STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22e ADDRESS

CERTIFICATION

230. BURIAL, CREMATION, REMOVAL BURIAL

2/21/85

23c NAME OF CEMETERY OR CREMATORY LAKEVIEW MEM. PARK

23d LOCATION BALTIMORE

COUNTY

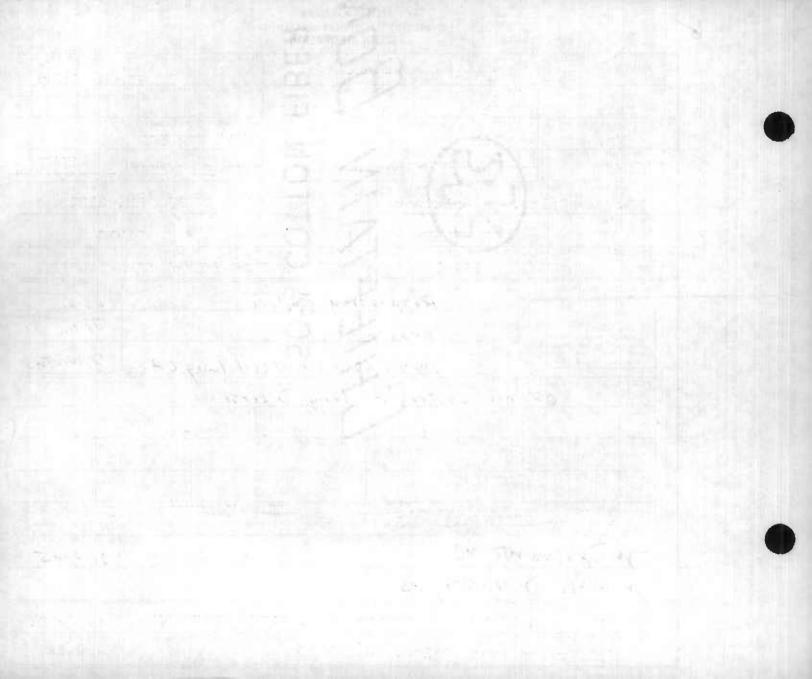
MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

ould be

FUNERAL SCHIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND
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1	1-	STATE	DEPART	MENT OF HEA		ITAL HYGIEI	NE				
ı		REGISTRAR		CERTIFIC	ATE OF DEA	TH	REG. NO	D.			
1		CEASED NAME FIRST	WIDQFE	LAST		2	a. DATE OF DEATH		AY YEAR	26 HOUR	1
1	( I Abf	OR PRINT! WILLA	ARD J.	LITT	LE	435		2	1 85	200	
ı	3 SEX		4. RACE	5. DATE OF	BIRTH	6.	AGE (IN YEARS LAST BIRT	HDAY}	# UNDER I YEAR	IF UNDER Z4 HRS	ŀ
1		M	N)	HINOM	DAY	YEAR 42	42		ONTHS DAYS	HOURS MIN.	ı
				6	18		FL	YRS.			
		OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MAR	RIED -	BALTIMORE CITY O		OF DEATH		
		MD	USA	WIDOWED (	DIVOR	RCED .	ان	TY		MD.	
9	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE)</li> </ol>		OTHER INSTITU		26 USUAL OCCUPATE			BUSINESSOR	ĺ
	F	Baltimore	University	Hospit	tal	- '	TYPE OF WORK FOR MOST O	L MORKING FILE	INDUSTRI		
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)					21	7.11	l
	130 5	TATE MD 136 COUN			Id. INSIDE CITY YES 💢 NO	LIMITS? 13	STREET ADDRESS	ZIP CODE	LETA	I CT	
9	14 CA	THER'S NAME	TIMORELBALTIN		MOTHER'S M		DX4 N	APP	LETO	N 211	
	II TA		WIDDLE LAST				MIDDLE		LAST		
		DANIEL	NMN LITT	LE	FA	NNIE	end gentil		MCC	RAY	
1		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIAL SEC		7 INFORMANT		1524DDR	SS Ap	pleton	St.	
١		23,110 311 311 3111	1219-40	-6722	FANNI	EF	IELDS -	- SA	ME (	17)	
1		IA CALISE OF DEATH (Fater on	ly one couse per line for (a), (b), a	nd (r) )					APPROXIV	MATE INTERVAL	
1	11/	PART I. DEATH WAS CAUSED	OFCOID		2 ARX	REST	-		BEIWIEIN	MAGET HIND DEHTO	•
		IMMEDIAT	E CAUSE (o) NESPIR	771011	1 11 01						٠
1			DUE TO, OR AS A CONSEOL	JENCE OF	LEURA	11 6	FEUSIO	Ic/A	801-0		
ı		Conditions, if any, which gove rise to immediate	(b) BI LATER	- PIL + (	CEURA	TC C	FFUSIUI	V5/11	3115	.7	-
1		couse (0), stating the	DUE TO, OR AS A CONSEOL	ENCE OF			2 112000	111-10	1 4	TUNE	
ı	- 1	underlying couse lost.	( ) MIXED	tel	LUCI	ARIT	2 LYMP	HOM	17	Jy13.	
1	_	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO						EN IN PART 110		
	CERTIFICATION	POSSIBLE	INECTION	7 - N	o kno	DWN	SOUR	JE/	DRGA	NISM	
	S I	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION Y	WAS PERFORM	ED	20a AUTOPSY?		, WERE FINDIN		
	Ī						YES NO	YES		NO [	
1	SE CO	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12	Now INJUR	Y OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2		•
		OR CONTRIBUTING CAUSE OF DEA		1					1		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	II LOCATION						
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE	
		AT TORK			- 1 - 1 - 1	two C	a-n	. 1			b
			offended the deceased from.			19 79	. 10	N	19_65_, 1	ho (I) (we) lost	
1		sow the deceased alive on above (1) we (did)(did not	view the bady after death	53, ond	that in my (ou	r) opinion dec	ath occurred on the do	te and hour	and from the a	auses stated	
		22b. SIGNATURE	0 -	DE	GREE		MIS ON		22c. DATE	SIGNED	•
		Carla A.	alexander	, MO			MEDICAL STAF		2/1	185	
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	1	2e ADDRESS			-	,/	1	•
		CARLA S.	ALEXANDS	RMI	O UN	1U. 01	= MO C.	ANCE	FR CE	ENTER	1
-	23a B	URIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF CEN	NETERY OR CREA	AATORY	23d LOCATION				-
		SPECIFY)					CITY OR TOWN	anda	COUNTY	STATE	
	24 511	Burial	2-7-85 M	It. Au	burn Co		Westpo			d.	
			SPA 1300 Euta	D]		TEB "	B D. BY 1985 RAR	ZID KEGISTI	CHEDIZICAN	HEALING.	
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DHMH - 16 50M 4/B3 (VRA 15, 4)

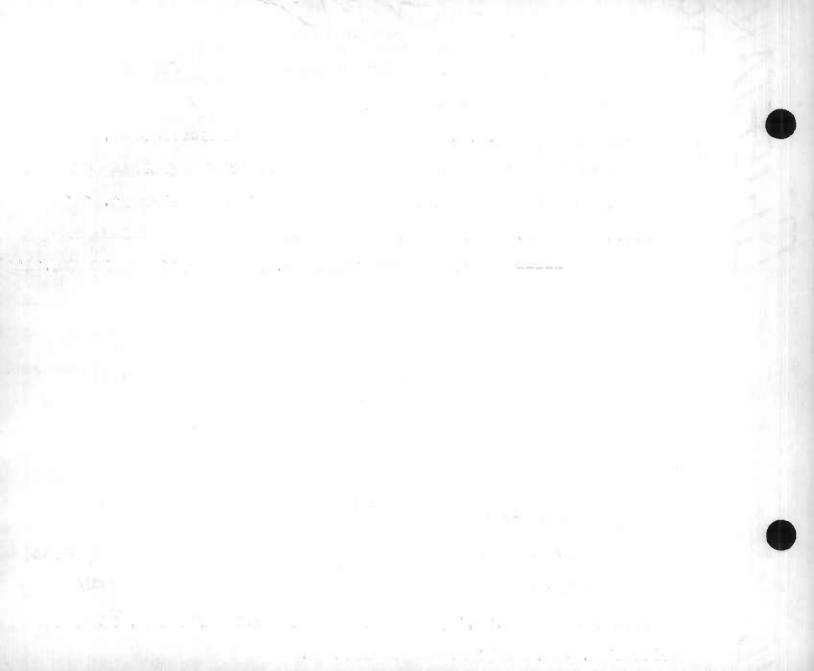
IMPORTANT: If Hem 21 is marked or them 18 shaws any injury, or other troumatic event, the medical

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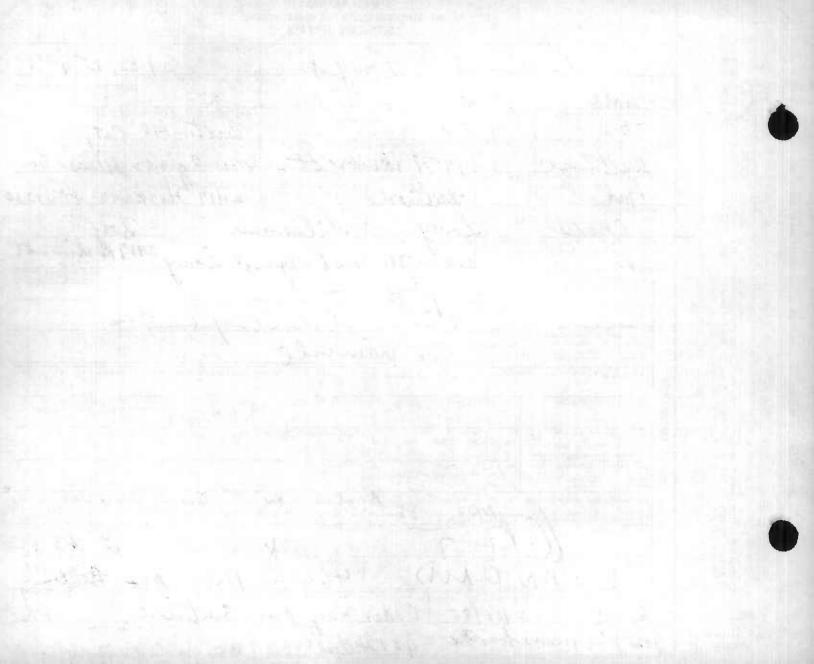
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



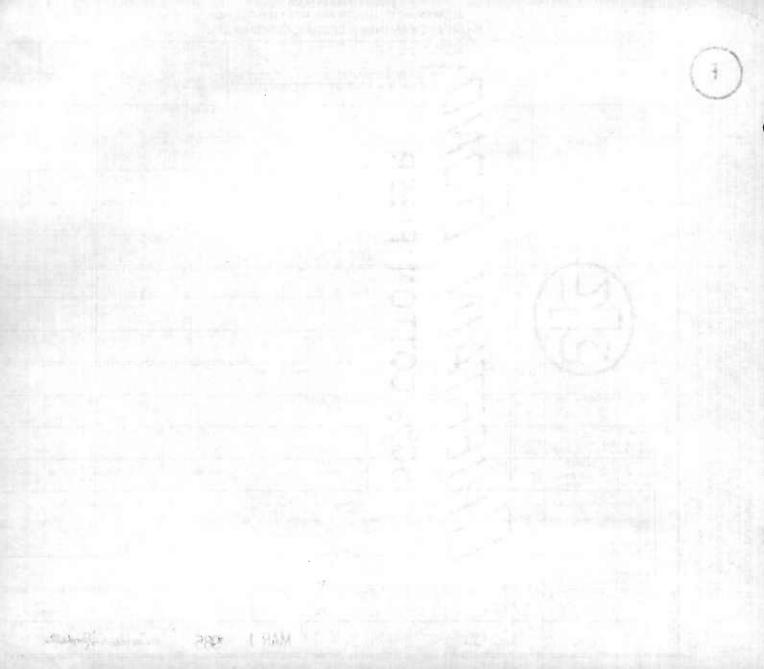
	1			STATE OF MARYLAND	8 5 0	4 3 4 3
5	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	
	1 00	REGISTRAR	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
o 64	(TYPE	CEASED NAME FIRST	0.	of all D	DATE OF DEATH	17/05 1120
6 99	3. SE	LNAU	es fr.	B. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
1 14	3. 36	0 10	- 71 t	MONTH 13 DAY 19 YEAR		MONTHS DAYS HOURS MIN.
1 19	7- 10	ITHELASE CULATE OR FOREIGN 76 C	TIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	
1 1 86		OUSDAME THIRTEORFOREIGN /6 C	C A	MARRIED WEVER MARRIED	R ATT AN	2 R.L
The state of the s	10.0	TY OR TOWN OF DEATH 11. I	NAME OF HOSPITAL NITRS	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
. 1 11 00	1		IF NOT IN SUCH FACILITY, GIVE STREET		YPE OF WORK FOR MOST OF WORKIN	GLIFE) INDUSTRY 60.
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rthin rthin 2 sh	14. F.	THER'S NAME	P LAST	IS MOTHER'S MAIDEN N	AME MIDDLE	A 1 100
MAR w be and w		Charles "E	. Iney	-wil her	rua	Tette
- 0-		VAS DECEASED EVER IN U.S. ARMED		JRITY NO. 17 INFORMANT	ADDRESS	417 Minhinga St.
ALTIMORE te be execute be executed on a construction on a construc		No V	212-01-	386 mos Evelyn	A Loney	11230
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II.,		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CA		yseena		
No recorded to the central state of the central sta			DUE TO, OR AS A PONDOL	MICE OF	1. 1 1 0	la.
PRESTON ne deoth c re attendir mation, or		Conditions, if ony, which	(b) Clin	ur obstruc	brue puling	, are
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201 W		underlying couse last.	10 COK	manne		
	z	PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ORG	CERTIFICATION	198 DATE OF OPERATION	IAL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
NE REC	5	176 DATE OF OPERATION	178 CONDITION FOR WHICH	OFERATION WAS FERFORMED	IN CEI	RTIFYING CAUSES OF DEATH?
TAL Buctan.	4 2	21n. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	1214 HOW IN JURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
SICIAN: The physicial physicia		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR	TENED TENED TO STATE OF THE STA	10 ( ALC 1 ON ( ALC 2 )
ON OF HYSICIA Instruction of Duriol-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. PLACE OF INJURY	211 LOCATION		
SIC PH - PH	ME	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE		CITY OF TOWN	COUNTY STATE
DING or off se os ti norke		22a I certify that (I) (this haspital) a	attended the deceased from	April 10 De	ser to Doe	, 1986, that (1) (we) lost
TTENDI pital ar TOR: A for use af Heol		saw the deceased alive In	NOV 198		death occurred on the date and	- /
Post A Post		above, (1) (we) (did) (dia no Thin 22h. SIGNATURE	with body affactions.	DEGREE		22 DATE SIGNED
		11/1	CA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2.23.0-
HOSPITAL ined by th FUNERAL wid be deta wid be deta h the State		224 PHYSICIAN'S NAME TYPE OF PRIN		22e ADDRESS		1 11 Hd
Se Bet &		V. HAN	IN MI)	. 4630 h	1: 1/ken Ar	e Balline
0 5 0 5 3 W	23a.	SURIAL, CREMATION, REMOVAL 23	b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d 4OCATION	vivi,
BP		Burial 2	126/85 1	exar Hill fen	1 Baltimore	COUNTY STATE
DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR	In Place ADDRESS	21230, 250 DA	ATE REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
(VRA 15, 4)	1	They bowant	for OTHE, DDRESS	7012 tollard FAR 2	7 1985 del K	ide . D. 1.00- "



B	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	
tor, page 3 ofter death	JTYP	CEASED NAME FIRST DOBLE	S L	Lowe		85
0 0 0	_	enh/E	4. RACE Black	5. DATE OF BIRTH	52 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HR
unerol dire		RTHPLACE I STATE OR FOREIGN		MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY O	ty Maryka
by the fun filed within		SHAMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	S TOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS O
y filled in should be	M	in and	7/ 1/ /	YES NO NO	130. STREET ADDRESS Paysor	2/223
omplete ond 2		Nopera	MIDDLE Plato	15. MOTHER'S MAIDEN NA	1e MIDDLE	JACKSON .
be execu.		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN)	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 213-28	.9385 Alethia Br	MANT 16 South Pay	Ison Stree
death certificate offending physic ove corbon pape tion, or removal.		PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), o D BY: IE CAUSE (o) DUE TO, OR AS A CONSEQU	atic Colon Cano	en	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 9 M.U.S
quires that the canging by the canging by the canging by the company, cremo jury, or other tr	Z	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQU	JENCE OF	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
n. nos been permit. Ti ne prior t	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, V IN CERTIFYIF	VERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN: The anding physicio this certificate to the buricl-tronsit ad Mental Hygie dor frem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART ?)
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TEN O OR o T He		270 1 certify that (I) (this hasping sow the deceased alive an above, (I) (we) (did) (did no		ond that in (my) (our) opinion	deoth occurred on the date and hour o	nd from the couses stated
ITAL OR AT the hosp RAL DIRECT detoched fi tote Dept. o		226 SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2117/65
TO HOSPITAL ( retoined by the TO FUNERAL I should be detoo. with the Store I IMPORTANT: #f		228. PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
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DHMH-16 30M 2/80 (VRA 15, 4)		NAME OY O DYETT & S	LIBERTY HEIGHTS	S AVE. BALT.MD. FEE	TE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE

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2 2 2 2	3. SEX		Black	5 DATE OF BIRTI	YEAR 60	6 AGE (IN YEA LAST BIRTHDA 24 YR	Y) MONTH		HOURS		DATE RONOUNC DEAD	ED	MONTH 2/	28/1985	6:50 A M
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V SERAKS	10 CIT	Y OR TOWN C	OF DEATH	11. NAME OF HO			OR OTH	ER INSTITUT	ION	12a USUA	L OCCUPA	ATION (TYP	E OF WORK	126 KIND OF B	USINESS
SEE		Baltim		2700 B1	k. St	. Lo Dr	ive				0. 0	, wo they			
21201 ANY D AND 3 RETAIN HOUID RECORD	13a ST	RESIDENCE ( ATE Maryla	13b COUN	OR OTHER INSTITUTION,	130 CITY	OR TOWN	N)	13d. INSIDE CIT	Y LIMITS?	13e. STREE 16(			apel	St. 2	1213
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

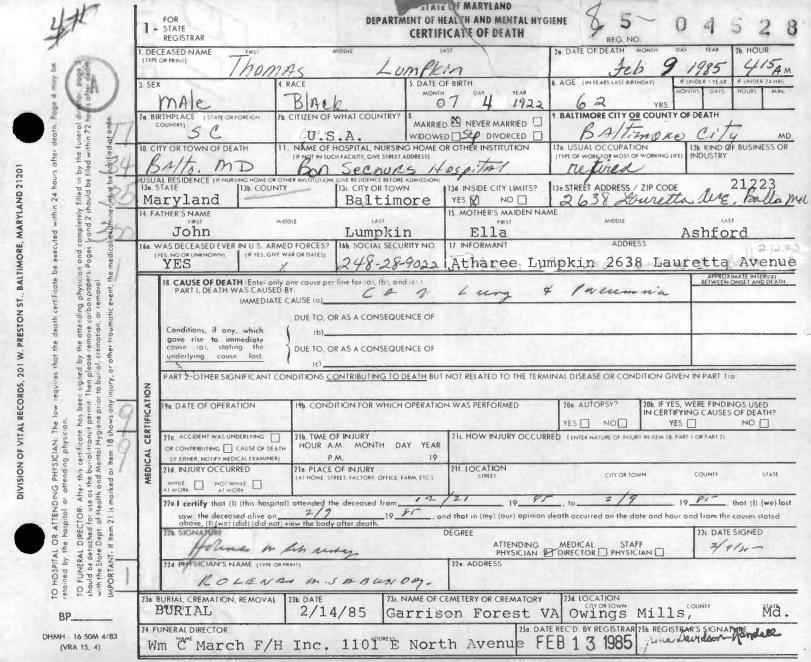
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STATE OF MARYLAND

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ATTENDING

CERTIFICATION

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ck	MONTH 6		49	YRS.	MONTHS DAYS	HOURS	M IN.
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220 Certify the (1) (this hospital) attended the deceased from aw the deceased alive on beve, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22r DATE SIGNED

33M/21EW	ATURE 1 ()	1 _
	and Quals	has
224. 0FtV1	ICIAN'S NAME (TYPE OR PRINT)	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22e

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30	BURIAL,	CREMATION, RI	MOVAL	236 DATE	

OCATION CITY OR TOWN COUNTY

BURIAL, CREMATION, REMOVAL	23b. DATE	73c NAME OF CEMETERY OR CREMATORY	23d. LC
BURIAL	2/15/85	King Memorial Park	D-

24. FUNERAL DIRECTOR

FOR

REGISTRAR 1. DECEASED NAME

Male TO BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Baltimore

Maryland 14 FATHER'S NAME

William

Conditions, if ony, which gove rise to immediate

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underlying couse

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

COUNTRY

130 STATE

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MIDDLE

( IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE to

136 COUNTY

E.

Black

NAME OF HOSPITAL, NURSING HO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRES

DUE TO, OR AS A CONSEQUENCE

DUE TO, OR AS A CONSEQUENCE

W. North

13c CITY OR TOWN

166 SOCIAL SECURITY N

213-32-67

76. CITIZEN OF WHAT COUNTRY?

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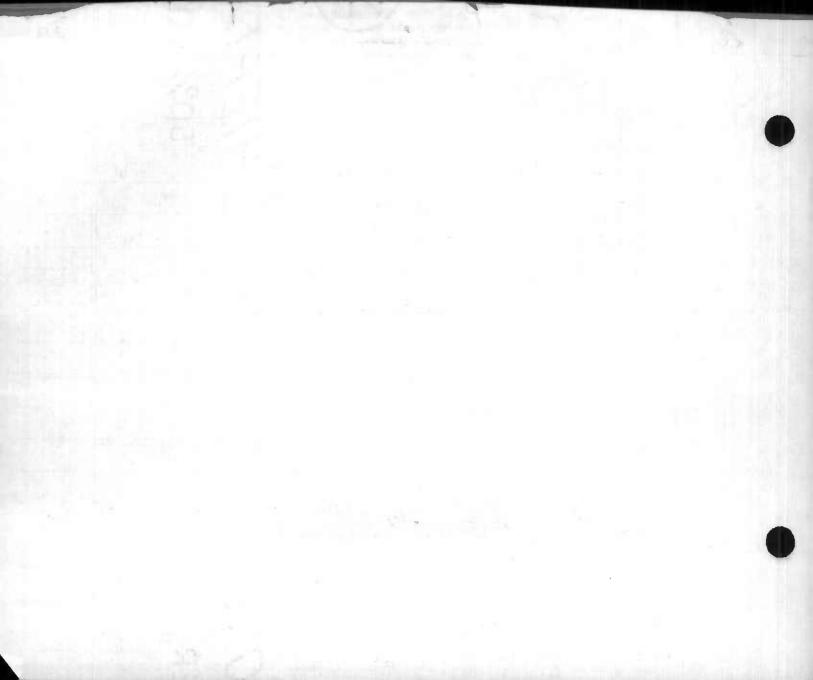
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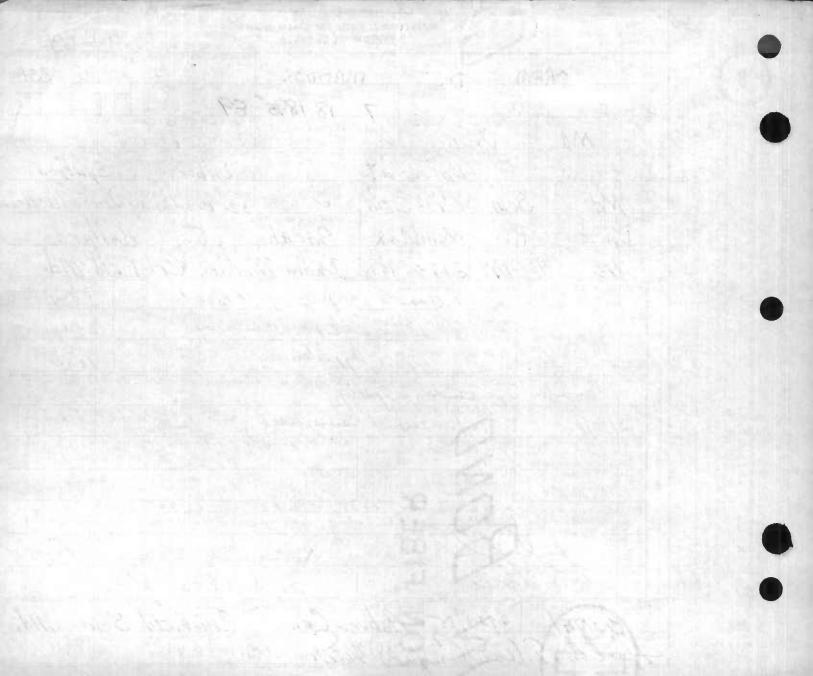


	STATE OF MARYLAND & 5	4530
2/1	- STATE : CFRTIFICATE OF DEATH	
	CEASED NAME THOUSE TO MACKINNON 120. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(171	CLYDE T. MACKINUON 2-1	8 -85 1:41 AM
3 SI		IF UNDER LYEAR IF UNDER 24 HRS
	Male 4 9-11-07 77 YRS.	
	OF TOLK, Va.   76 CITIZEN OF WHAT COUNTRY?   MARRIED & NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY   MARRIED & NEVER MARRIED   BALTIMORE	
notified 10 (	BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION SUPERING WORK FOR MOST OF WORK FIRET ADDRESS)  WILLIAM OF DEATH  UNIVERSITY HOSPITAL  SEE STREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY Appliances
	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136 COUNTY  136. CITY OR TOWN  136 INSIDE CITY LIMITS?  136 STREET ADDRESS / ZIP CODE  137 YES NO   138 STREET ADDRESS / ZIP CODE	
14 F	ATHER'S NAME  MIDDLE  MIDDLE  MACKENAMA  IS. MOTHER'S MAIDEN NAME  MIDDLE  MID	LAST
g 16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Edith K. Mackennon	-Balto., Md.
medic	(YES, NO ORLINKNOWN) IF YES GIVE WAR OR DATES) 195-05-7814 & CHART -4601-B Ma	nordene Rd.
at, th	18 CAUSE OF DEATH Enter only one cause per line for Lat, (b), and ICLI PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Jmofic	DUE TO, OR AS A CONSEQUENCE OF	GHRS
r trou	gove rise to immediate	471705
or office	underlying cause last.    DUE TO, OR AS A CONSEQUENCE OF CHRONIC CHRONIC	3 700
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S on	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
CERTIFICATION	YES NO YE  210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNATION 18 P	
lan.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	JA 1 - 34 - 1 J
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	sow the deceosed give an 2117 19 19, and that in (my) aur) apinian death occurred on the date and hau abave, (h (we) (did) did not) view the body after death.	
# #e	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	224 DATE SIGNED
Z	220 PHYSICIAN'S NAME (17PE OR PRHT)  220 PHYSICIAN'S NAME (17PE OR PRHT)  220 ADDRESS	211414
W OKIAN	KATZEZ UNIVERSITY HOSPITY	
₹ 23σ.	BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION	
	Burial 2/20/85 Baltimore Cemetery-Baltimore	Maryband
7/84 24 F	UNERAL DIRECTOR Sterling Funeral Estate P. A. 1250 DATE REC'D. BY REGISTRAR 256. REGIST AND 21228. FEB 20 1985	RAR'S SIGNATURE
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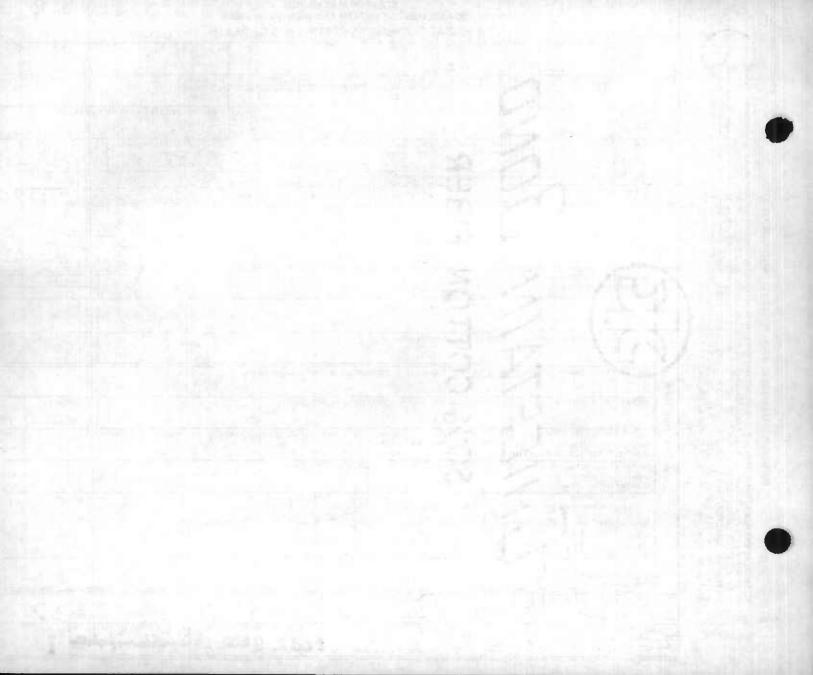
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DIVISION OF VITAL RECORDS	INNER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF A TYPE. PAGE 3 SHOULD BE USED. ITHE STATE DEPARTMENT OF HELMAND, 21201 PRIOR TO BURIAL, CAND, 21201 PRIOR	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE				CITY OF TOWN	COUN	TY	STATE
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	MEDIC CUTE T SE 4 SI FUNER ER DEA		EXAMINER'S NAME MOSS						1111111	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUT TO FUNERAL D AFTER DEATH, A BALTIMORE, M		(TYPE OR PRINT) Mare	garita A, Ko	rell,M.D.	ADDRESS_111 :		to.MD.		
	EDZ F S 9	23a. B	JRIAL, CREMATION, REMOVAL 1	36 DATE	130 NAME OF CEME	ERY OR CREMATORY	23d. LOCATION	COUNTY	ST	ATE
07/84 25M	BP	7	INTERAL DIRECTOR	113-1700	Isaly (	ederner		01070.	the	1.
2311	DHMH - 17	17	HAME TO COLUMN	1 Storess	212	~ ~ ^ - · · ·	9 Heby Julie Davi	JAMA DA	NATURE	
	(VR A15 ME (5))	2	- July	201 Oxc. 40	1 Haller	to January		TOTAL STREET	Special A	



10	1.	FOR STATE REGISTRAR John C	DEPAR C. Magness Sr	STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYG	IENE 8 S	0.	4 5	3 3
÷ 5		CEASED NAME FIRST	MIDDLE	MAGNESS	SR.	20 DATE OF DEATH	Z 10		26. HOUR
frer dec	3. SE	100	1. RACE	5. DATE OF BIRTH	37	6. AGE (IN YEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HE HOURS MI
( A A A	7a BI	MALE RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	RRIED 🗆	BALTIMORE CITY OF			
		MO ITY OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTE ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		F BUSINESS
24 hours filled in pould be must be	ÜSU.		ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 134 INSIDE CITY		13e STREET ADDRESS		AUS	122
and 2 sho	14 F/	ATHER'S NAME FIRST AMES	MIDDLE MACUE	15. MOTHER'S N	AAIDEN NAA			HOER	
nd con		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	1-1-0	ī	ADDR			
S. Page		YES, NO OR UNKNOWN) (IF YES, GIV	713324	1469   Mary (	. Ma	gness sar	ne as		MATÉ INTERVAL ONSET AND DEA
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he law requon.  on. has been si permit. The ene prior to ows any injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORM	MED	200 AUTOPSY?		WERE FINDING CAUSES	
ICIAN: T 9 physici entificate rial-transi ental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	IRY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
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PITAL OR by the hu FRAL DIR! CERAL DIR! State Dep ANT: # he		THE SECULIAR CO	( uno		ENDING YSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [1]	22c. DATE	SIGNED
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		NAME OF CEMETERY OR CRE		23d LOCATION CITY OR TOWN	un	COUNTY	STATE
HMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Balt	to. Md.	21225	250 DAT	E REC'D. BY REGISTRAR		AR'S SIGNAT	URE

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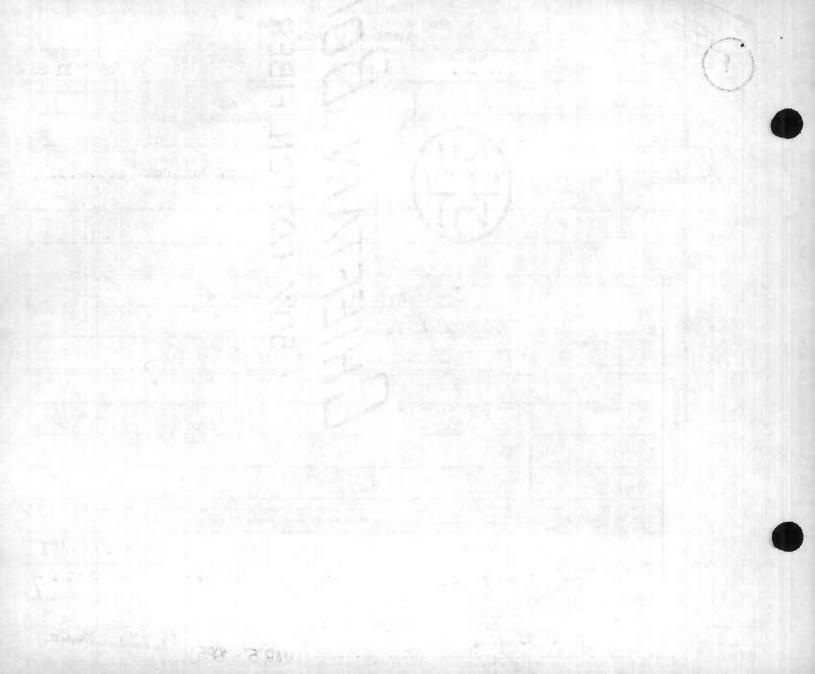
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## STATE OF MARYLAND

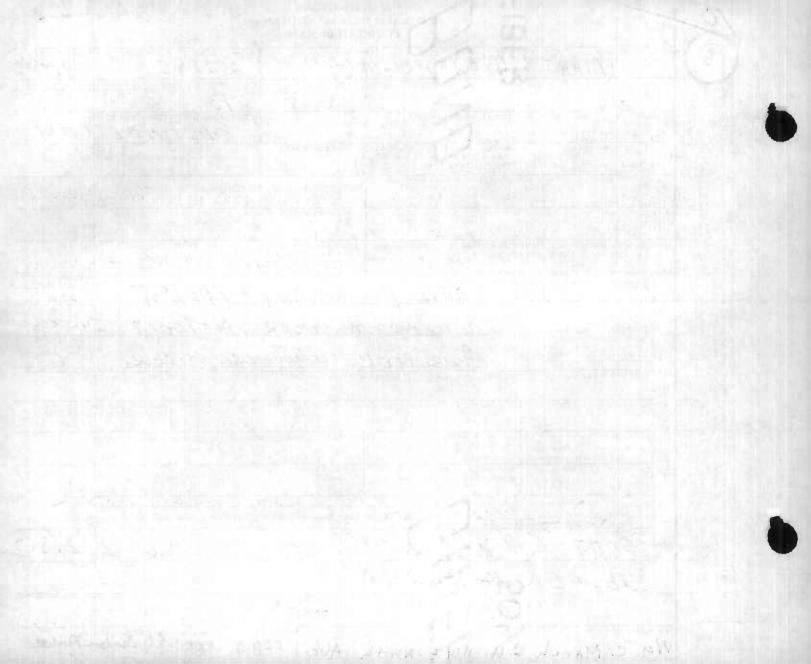
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG NO				
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	3 SE	Х		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	E (IN YEARS LAST BIRTHDAY)  60  YRS.  LITIMORE CITY OR COUNTY OF DEATH  altimore City  USUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE)  SET. Technician  F. C. A.  IREET ADDRESS / ZIP CODE  10 F. Warwickshire Lane  MIDDLE Ruth Child  er)  ADDRESS  Locke Same as # 1  BETWEEN ONSE  DISEASE OF CONDITION IVEN IN PART 1:0  AUTOPSY? SIN CERTIFYING CAUSES OF INCERTIFYING CAUSES OF INCERTIFYIN	IF UNDER		
	3 SEE 70. 8 V : 10. C B & M II F. 1 160 Y . 160 Y . 17	FEMALE Whit		e Apri		and the second	60	YRS.	ONTHS DATS	HOURS	MIN.	
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	Ва	altimore	/	(IF NOT IN SUC	Agnes Ho	DDRESS)		(TYPE OF WORK FOR MOST OF V	VORKING LIFE	INDUSTRY		
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1		ATHER'S NAME		NODLE	LAST	-1110	15 MOTHER'S MAIDEN NA	ME	TCV2	TILE DO	me	21001
30	T	hompkins	^	S.	Peery		Mary			Chi	lds	
1		WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Dau	ghter) ADDRESS				
<	1	No	N/Z		230-18-1	475	Mrs. Rebecca	R. Locke	Sam	ne as #	13	
7	CATION	PART 2 OTHER SIGNATE OF OPER	GNIFICANT C	ONDITIONS CO	OR ASTOCORISEOUENCE OF SMOUL CE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	Ob. IF YES,	WERE FINDIN	NGS USER	
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1		OR CONTRIBUTING [	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18			RT 1 OR PART 2)		
	MEDI	WHILE NOT AT WORK	WHILE ORK	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	5	TATE
		270 PHYSICIAN'S NAME (TYPE OR PRINT).  DR. JIMMY SUZ.  270 ADDRESS  Agnes Hospir								12/ Nol 2	122	9.
	(	BURIAL, CREMATION (SPECIFY)  Buria  UNERAL DIRECTOR	1 M	March 19			idge Mem. Par	k Elkridge	REGISTR	ard :	Mary	land
	Si	ingleton :	Funeral	Home,	Glen Bur	nie,		a trade addition of	usia Da	widson-n	Castoria	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO DAY 2b. HOUR TTYPE OR PRINT DEATH MATED Louis 10 1985 Malone 4 RACE 5 DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY RONOUNCED White 11:02 a . M 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Balto., MARRIED NEVER MARRIED U. S. A. DIVORCED X WIDOWED Baltimore City O CITY OR TOWN OF DEATH Laborer Laborer Baltimore 809 N. Luzerne Avenue JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30. STATE Md. 136 COUNTY T3d. INSIDE CITY LIMITS? Luzerne Ave. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jomes Malone Spphie Scranski 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** Md. Sophie C. Howe - 809 N. Luzerne No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost, ED AS A BU HEALTH AN PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE NOT WHILE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE STIRMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Natural couses X Homicide Undetermined monner TITLE (SPECIFY) M.D. Acting ChiefedICAL EXAMINER 2/11/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT 73a BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY STATE Baltimore, Md. St. Stanislaus Cem. 07/84 25M 24 FUNERAL DIRECTOR John A. Moran. Inc. **DHMH - 17** E. Baltimore St. Balto. Md. 21224 (VR A15 ME (5))

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C. _____

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 315 TYPE OR PRINTE 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH DAY 0 O BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ALTIMORE MD WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) QUARD GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 5. WOODINGTON RD2122 NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MON 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNI MASON, HORTENSE 25 WOWDINGTON PL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED ( PINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC ) WHILE NOT WHILE AT WORK

220.1 certify that (1) (this hospital) attended the deceased from TAN saw the deceased alive on_ 19 85 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did ) did not view the body ofter death. 22b. SIGNATURE DEGREE MEDICAL ATTENDING

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

CREENE ST

PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

Burial

[SPECIFY]

2-13-85

Mount Calvary Cemetery

27e ADDRESS

23d LOCATION STATE

Anne Arunda P

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME TTYPE OR BE

D. BY REGISTRAR 25% REGISTRAR'S SIGNA The Bailey Douglass Funeral Home 1348 N.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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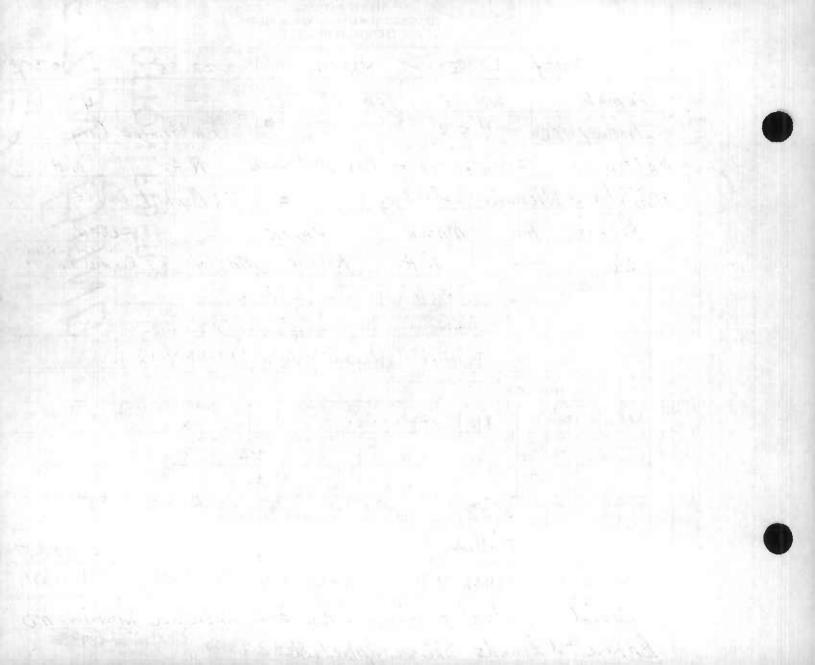
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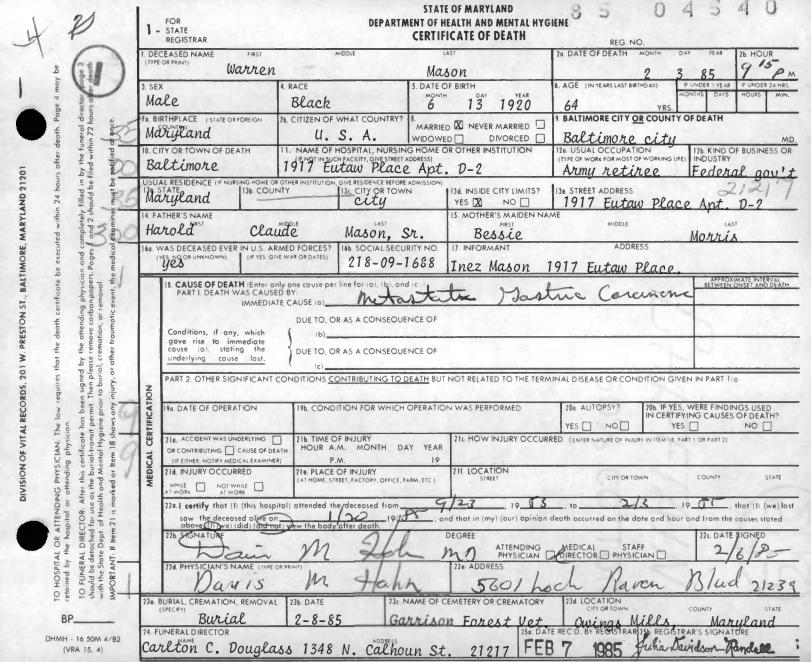
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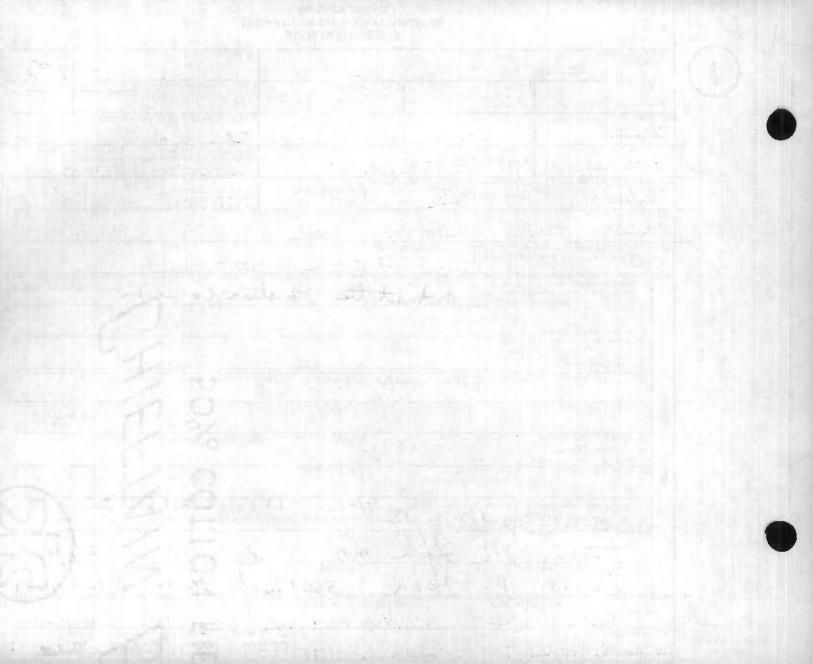
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) STACY 10.30P MASON 2-22-85 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR IE LINDER 24 MRS MONTH BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT MARRIED NEVER MARRIED BALTIMERE WIDOWED DIVORCED | NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OF INDUSTR OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? (18Bur MIDDLE LSON ADDRES IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR MINKNOWN) MASON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, 1b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse io, stoting the underlying couse lost DIVISION OF VITAL RECORDS, CERTIFICATION hone 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not view the body ofter death DEGREE 22c DATE SIGNED should be detach ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 40 Fastern Ave. Baltimore 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATIONY BURIA 250 DATE REC'D. BY REGISTRAD 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))







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deoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTS  U.S.A.  111. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Baltimore City or County  Baltimore  120 USUAL OCCUPATION	City N
in by the			OR OTHER INSTITUTION, GIVE RESIDENCE BE	REET ADDRESS) HOSPITAL FORE ADMISSION)	TYPE OF WORK FOR MOST OF WORKING LIFE	
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ficate be exc hysician and papers. Paga laval.		No	anly ane cause per line far (a), (b),	ondicon Viac arrest	Matthews 3800	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the dear a signed by the atter Then please remove: to burial, cremation injury, or other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b) COPPL  DUE TO, OR AS A CONSECUTIONS  (c) CONDITIONS CONTRIBUTING	QUENCE OF	uctive pulmonar disease;	
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Che h		22d. PHYSICIAN'S NAME (TYPE	hasad	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	02/2/8
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BP DHMH - 16 50M 4/83		Burial UNERAL DIRECTOR	2/25/85	Md. Nat. Mem. Pk		COUNTY STATE
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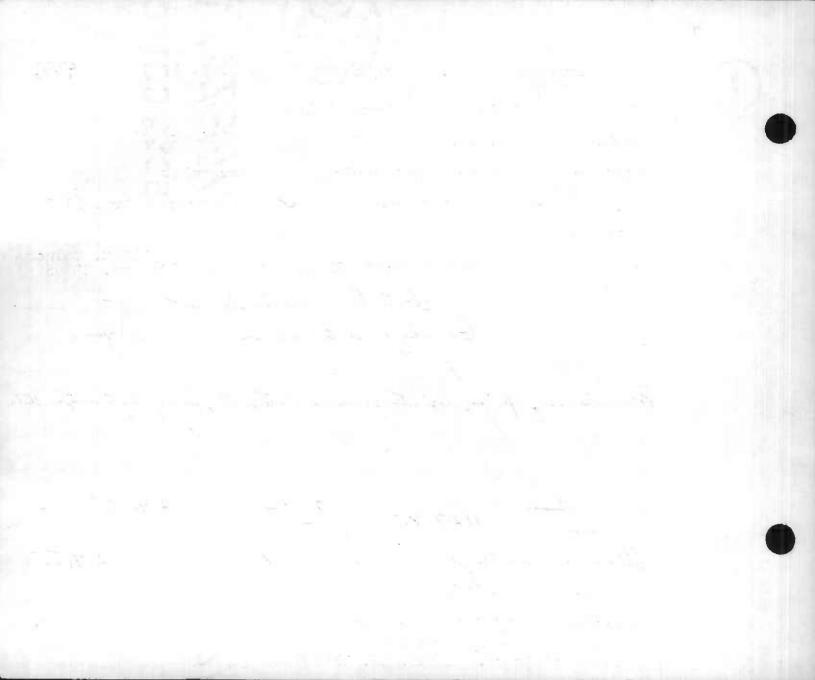
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- STATE REGISTRAR			DEI AR		ICATE OF DEATH	REG	NO.			
1. DECEASED NAME	FIRST	MI	DDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2). HOUR	
(TYPE OR PRINT)	Franc	es	М.	Ma	tthews	Feb. 4,	1985		4:55A	
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS	
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To. BIRTHPLACE (5		76. CITIZEN OF W		2 1	D NEVER MARRIED	9. BALTIMORE CIT		FDEATH		
Czech		U.S.	Α.	WIDOWE	**	Baltim	ore Cit	ty	M	
Balti	OF DEATH	11. NAME OF HO		ING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MO Homema	ST OF WORKING LIFE)	12b. KIND ( INDUSTRY	OF BUSINESS OF	
OSUAL RESIDENCE 130. STATE Md.		OTHER INSTITUTION, G		ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES	S / ZIP CODE	Ave.	21236	
14. FATHER'S NAME FRST Unkn	own	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	iknown MIDDE		LA	151	
160 WAS DECEASED (YES, NO OR UNKNO		E WAR OR DATES)	66 SOCIAL SEC 212-03		D Albert Ma			9 N. ve. 2	Belnor 21205	
18 CAUSE OF	DEATH (Enter on	ly one cause per li	ne for (0), (b), (	וכיו)	APPROXIMATE INTERVI BETWEEN ONSET AND DE					
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OR CONTRIBUTE	VAS UNDERLYING C	1 216. TIME OF HOUR A.M	INJURY . MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PAR	T 1 OR PART 2)		
S (IF EITHER NOT	IFY MEDICAL EXAMINER			19						
CITE EITHER, NOT	NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY OFFICE	E, FARM ETC )	21f LOCATION STREET	CITY O	RIOWN	COUNTY	STATE	
10 - 20 - 20	220   certify that (1) (4 has hospital) attended the agreesed from 7 1982 to 2/4/1									
obove, (I	sow the deceased alive on 1971, and that in (my) (ayr) opinion death accurred on the date and hour obove. (I) (ma) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DESCRIPTION OF THE PHYSICIAN DIRECTOR DESCRIPTION OF THE PHYSICIAN DIRECTOR DESCRIPTION OF THE PHYSICIAN DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPT									
22d. PHYSICIA	N'S NAME (TYPE O		adlov		22e. ADDRESS			-	11 × ×	
	Dr. Alk	ert Bra	autey							
23 a. BURIAL, CREMA				. NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
23a. BURIAL, CREMA (SPECIFY) Crema	TION, REMOVAL		230	NAME OF C		CITY OR LOWI	imore	COUNTY	Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

9705 Belair Rd., Balto. Md. 21236



## mpletely filled in by the funeral direction of 2 should be filed within 72 hours executed this certificate has been signed by the attending he burial-transit permit. Then please remaye carba should be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene priar to burial, crematian, TO HOSPITAL OR ATTENDING PHYSICIAN. The law

injury, ar other traumatic

marked or Hem 18 shaws any

IMPORTANT: If hem 21 is

TO FUNERAL DIRECTOR: After retained by the haspital ar

BP. DHMH - 16 50M 4/83

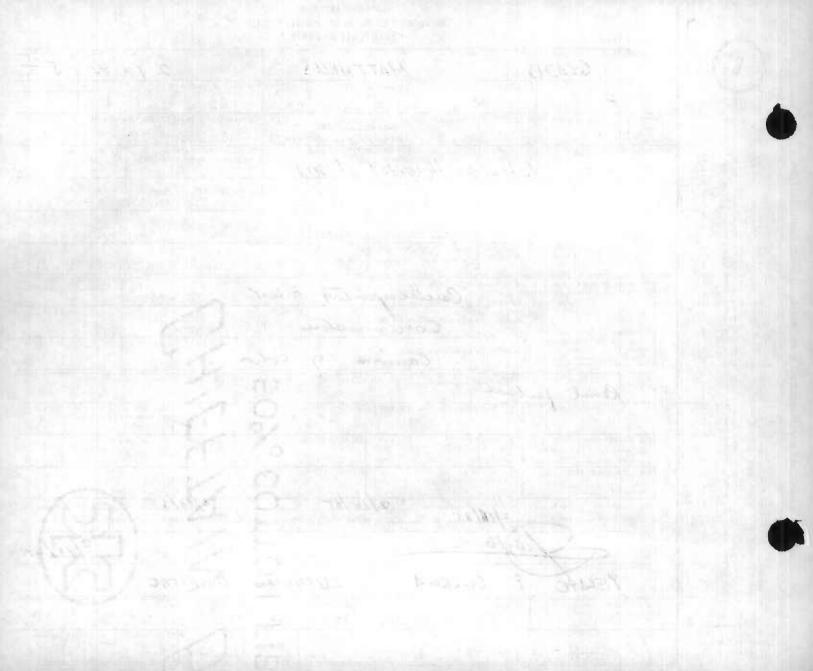
(VRA 15, 4)

FOR STATE

STATE OF MARYLAND	3
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	

REGISTRAR			CERTIF	ICATE OF L	DEATH	RE	G. NO.			
1. DECEASED NAME	GEORGE	ELMER	. 1 11	MATTH	EWS	20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
( spen	reie E	Mer	Mait	theu's			2	3	85	1 4 、
3. SEX	4 RACE		5. DATE O			6. AGE (IN YEARS LA	AST BIRTHOAY)	MONTH	DER I YEAR	IF UNDER 24 HRS
MALE	WH	ITE	02	06	29	5	<b>5</b> YR		UATS	HOURS MIN.
Jo. BIRTHPLACE (STATE OR FOREK		WHAT COUNTRY?	8 MARRIED	-	MARRIED -	9 BALTIMORE CI	TY OR COU	NTY OF E	EATH	
MARYLAND	U.	S.A.	WIDOWE		VORCED [	BALTIM	ORE CI	TY		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		R OTHER INS	TITUTION	120. USUAL OCCU	IPATION	12	b. KIND C	OF BUSINESS OR
BALTIMORE		ST. AGNES		PITAL		ROOFER			ROOF	ING
USUAL RESIDENCE (IF NURSING H 130 STATE 13b.	COUNTY	GIVE RESIDENCE BEFORE		134 INSIDE C	ITY LIMITS?	13e.STREET ADDR	ESS / ZIP C	ODE		
MARYLAND		BALTIMOR	E	YES 🙀	NO 🗌	911 S.			STRE	ET. 21223
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'	S MAIDEN NAM	WE	DIE		LAS	St.
ELMER	GEORGE	MATTHEWS	300	VIR	GINIA			F	OWLE	
168 WAS DECEASED EVER IN U	I.S. ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMA	INT	A	DDRESS			21223
NO		217-22-8	366	ROSE	M, MATT	HEWS 91	1 S. B	RUNS	WICK	STREET
18 CAUSE OF DEATH (E)	nter only one couse per	line for (a), (b), and	l(c.)	0		^ ^	112		BETWEEN	ONSET AND DEATH
PART I. DEATH WAS (	AEDIATE CAUSE (0)	Squamer	is ce	le car	centres	of tun	n		1	M.
	DUE TO, O	R AS ONSEQUE	NCE OF			. 0	+		(	1
Conditions, if any, wh	ich ( (b)_	U								
gove rise to immedia couse (a), stating	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
underlying couse lo	underlying cause last (c)									
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PART I	o
NO.										
196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	1 196 COND	ITION FOR WHICH (	OPERATION	WAS PERFO	RMED	20e AUTOPSY?	20b. IF			NGS USED S OF DEATH?
ETIE						YES NO		YES [	CAUSE	NO [
210. ACCIDENT WAS UNDERLY	LIOUD A	F INJURY M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I	OR PART 2)	- Mai ( to T
OR CONTRIBUTING CAUSE	OI DEATH	M.	19	TRA						
OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)  216 INJURY OCCURRED	21e. PLACE	OF INJURY	PAA ETC \	211 LOCATIO	NO	CITY	ON TOWN	C	OUNTY	STATE
MHILE NOT WHILE		CELL THE TOKING OF THE LATE	inn, ere j	0.0		0	Λ			
22s I certify that (I) (this			-	tel	_, 19_84	_, to	4-3		35_	that (I) ( <del>we</del> ) lost
saw the descared of obover (Crister) (did) :	vio the body	often death (V)	5 an	d that in (my)	(aur) opinion o	death occurred on t	the date and	hour and	Irom the	couses stated
77b BRGRINGHE	UX	-4 () ()	N	DEGREE					22c DATE	SIGNED
1000	IT. F W	ALVIA	MI		PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF		7.	3:85
224 PANETURE CHANGE	(1 se the seast)	Will.		22v. ADDRES	5		211	-	-	
CTECCTU F	J MyAn	itte, Mil	)	STA	anes A	espital	Solt	More	MI	7 51554
230 BURIAL, CREMA ION, SEM	OVAL 23% DATE	23c. N	AME OF CI	EMETERY OR		3d. LOCATION				
BURIAL	02-07-	85 CRE	ST LA	WN MEM	GAR.	MARRIO		LE COL	HOWA	RD MD.
24 FUNERAL DIRECTOR			21	1229		E REC'D. BY REGIST				
HUBBARD FUNERA	AL HOME, IN	IC. 4107 W	ILKE	NS AVE.	FE	B 7 198	35 guh	e Davi	dson-	Aandell.

The state of the s and we or some to be seen as a final assumption of ing the good to promise the consequence SIS ON PROBLEM OF A STATE OF A PARTY OF THE A STATE OF THE SAME OF THE STATE OF THE STAT BUNNEL SUMBAR OF CHILD ASSESSED BY



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0	1-	FOR STATE REGISTRAR		DEPA		EALTH AND I		REG. N	O.		
		CEASED NAME FIRST E OR PRINT) Kather	KATHERI	NE	E. Ma	tt lews I	1ATTHE	20 DATE OF DEATH	MONTH	Ay 1985	26 HOUR 1445 a
	3. SE		4 RACE White	TELS.	5. DATE (	DAY	YEAR 1917	6. AGE (IN YEARS LAST BIR		MONTHS DATE	IF UNDER 21 HRS
3	Ma Ma	male  IRTHPLACE (STATE OR FOREIGN  COUNTRY)  . ryland  ITY OR TOWN OF DEATH	76 CITIZEN OF V  U.S.A.  11. NAME OF H  (IF NOT IN SUCH	OSPITAL, NUR	MARRIE WIDOWE RSING HOME ( REET ADDRESS)	D M NEVER A	ARRIED	9 BALTIMORE CITY O Baltimore 120. USUAL OCCUPATION OF COMMON OF CO	City ON FWORKING !	126 KIND O INDUSTRY	MD F BUSINESS OR
5	13a S Ma	STATE	ME DE LITTER STITUTION, O		FORE ADMISSION)			Registered  13. STREET ADDRESS  2801 Moord  AE  MIDDLE	ZIP COD	DE .	21222
2	160 V		H.  5. ARMED FORCES?  6. GIVE WAR OR DATES!	Dorr 166 SOCIAL SI 212-36	ECURITY NO.	17 INFORMA	hel E. Ma	ADDRE		LeComp	
Y /	CERTIFICATION	Conditions, if ony, whice gave rise to immediate couse to its stating the underlying cause tas  PART 2 OTHER SIGNIFICA  PREUSO IM  190 DATE OF OPERATION	DUE TO, OR  (c)  INT CONDITIONS CO	PSEUD	QUENCE OF	NOT RELATED SEPS IN WAS PERFO	IS	NAL DISEASE OR CON	20b IF YE	IVEN IN PART 110	IGS USED
7	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEF CONTRIBUTION COLURED  WHITE NOTWHITE CAT WORK AT WORK	DF DEATH HOUR A.A. MINER) P.A.  21e PLACE C	A. MONTH A.	DAY YEAR 19	216. HOW IN		YES NOT	Y IN ITEM 18	ES 🗌	NO STATE
/		220.1 certify that this sow the december of th	ospital alrended the	the death	1985	DEGREE A 22e ADDRES	TTENDING PHYSICIAN TO	MEDICAL STALE DIRECTOR PHYSIC	F IAN A	24XX	that Jawe) is touses stated
_	Bu	BURIAL, CREMATION, REMO (SPECEY) urial UNDERAL DIRECTOR Duda	2/26/1	985		EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN Baltimon	e	COUNTY	Maryland

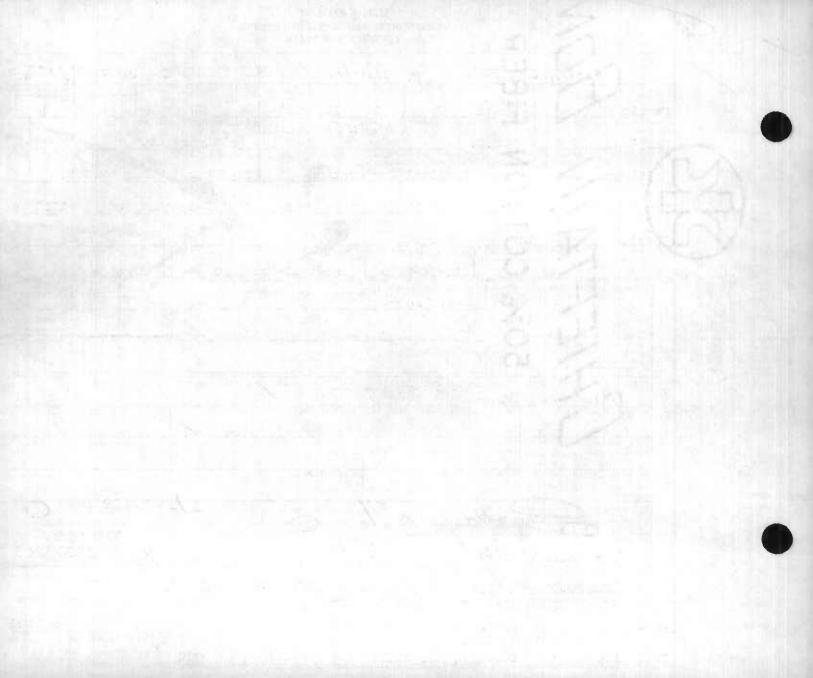
Dundalk, MD. 21222

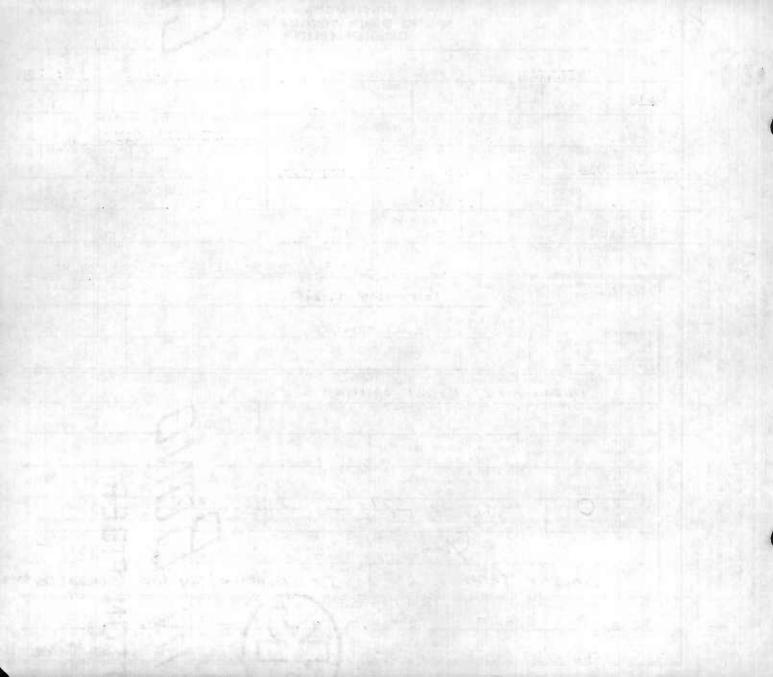
DHMH - 16 60M 7/84 (VRA 15, 4)

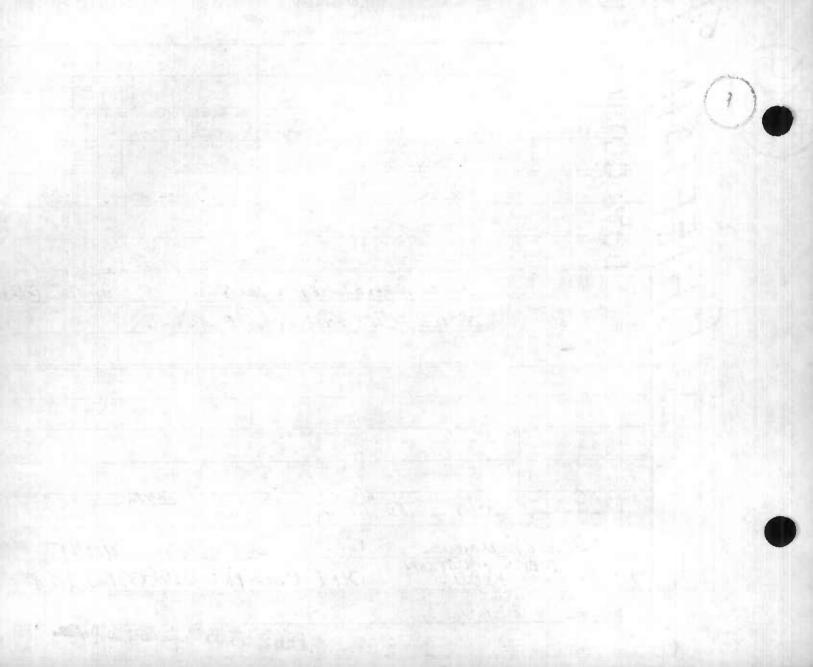
7922 Wise Avenue

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal

MPORTANT: If them 21 is morked or them 18 spaws ony







- STATE

24 FUNERAL DIRECTOR

Littly & Zeiler Inc.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

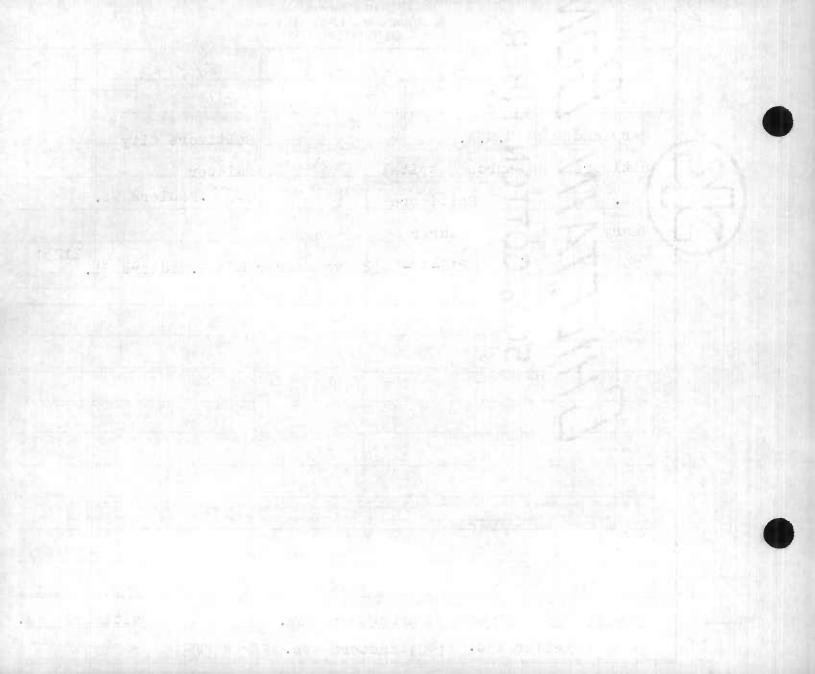
Eastern Ave.

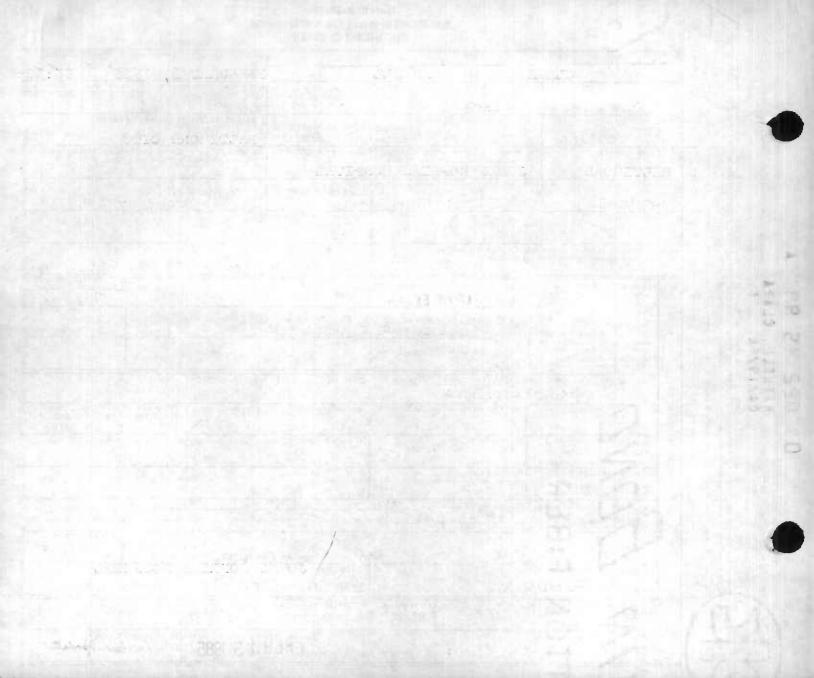
2b HOUR

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

a Dividson pandalle

06





death certificate

ATTENDING PHYSICIAN: The low attending physician

retained by the hospital ar TO HOSPITAL O

BP.

ng physic

the ottend

injury, or other troumatic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumant.

herol director, page 3 n 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	FIRST		WIDDIE	I.	LAST		20 DATE OF DEATH MONTH	H DAY Y	EAR	26 HOUR
(TYPE	OR PRINT)	HAR	OLD	C.		MAY		February 25		T.	9 13 Am
3. SE	X		4 RACE		5 DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I		HOURS MIN
	Male		Whit			3, 1916			YRS.		I I I I
	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9	BALTIMORE CITY OR CO	UNTY OF DEA	TH	
	New York		L	JSA	WIDOWE			Baltimore	City		MD.
10 €	ITY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	-	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDU	STRY	BUSINESSOR
60011	Baltimore			N. Char		Street #603	5	Engineer	11	<u>3M</u>	
		13b COUP		Baltim	/N	134 INSIDE CITY LIMI YES 🛛 NO	ITS?	30 STREET ADDRESS / ZIP	code arles	St.	, 21218
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NAME	E WIDDLE			
1	John		MIDDLE	May		FIRST	abel		Me	lis	h
	WAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			
- 1	YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	102 01	4980	Mrs. Ha	rold	C. May,	Sam	e	
	18 CAUSE OF DEAT	H (Enter ar	ly one cause per	line far (a), (b), an	dicil				BET	PPROXIN WEEN O	NATE INTERVAL
	PART I. DEATH W		ID BY: TE CAUSE (a)	CARDIA	c A	RREST				33.	
	DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (b) CONDESTIVE CARDIOM YORATHY 15 year									
	gave rise to imm		7					1	1	1	
	underlying couse lost DUE TO, OR AS A CONSEQUENCE OF WYOCARDIA. INFARCTION 12 YEARS									years	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N GIVEN IN PA	RT 11a	
N N	ART	CR10	Scina	othe CI	4RD1	O VASCUL	M	DISTABLE			
CAT	190 DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			IF YES, WERE F		
Ţ								YES NOT	CERTIFYING CA	(USE2 (	NO
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNE	-				21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR P4	ART 2)	
AL	OR CONTRIBUTING C		110	M. MONTH D. M.	AY YEAR						
DIC	21d INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION					
¥	WHILE NOT WH	ILE -	(AT HOME STE	REET FACTORY, OFFICE, I	FARM ETC )	STREET		CITY OF TOWN	COUN	41A	STATE
	22a.l certify tho	3	tol) attended th	a deceased from	2/	24 10.1	83	ice	El 10		
					5	nd that in my (our) ac	pinian de	eath occurred an the date ar	nd hour and Irai	m the c	auses stated
	saw the decease abave (1) (we) (c 22h, SIGNATURE	did (did no	it view the bady	after death.		DEGREE					GHED
	Marc	a.	mugu	use M	W.		ING N	MEDICAL STAFF DIRECTOR PHYSICIAN		bs	185
	22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT	4.11.0		22e ADDRESS	75			,	
	Dr. Mar	c A	. Mugm					ersity Pkwy	., Balt	0.	MD
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	COUNTY		STATE
	Burial		2/27			Ridge		Pikesville	€.		MD. as
24. FI	UNERAL DIRECTOR	lenry	W. Je	nkins &	Sons	Co. 25		REC'D. BY REGISTRAR 256. R	EGISTRAR'S	SMAT	Carpone
	1905 York			o. MD		212	FE	8 2 8 1980 U			

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ethal Baltimone | Milo M. Charles sense / S. Larines | Island Designation of the Court of the Dr. Mars A. Mar on MS - 11 - Univer its Feet., East., MD i ville, per i 1212

120 S . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 . 151 auto. Idiya Ligasi salta da perfical .Net All book setting to come policy of the major on 201 Congressional rive Statement 100 THE RESERVE OF THE PARTY OF THE market to the second of the se Little agence of the sound that I to be to the state of the same of the same Andel Te 4 - 1315 th. Oliver Top. (Spin's and 9. Cracked School 5151 Julia. Mational 1988 10 70 , 14 , 14

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS 1. 5EX

STATE OF MARYLAND

Mayo

5. DATE OF BIRTH

MARRIED A

Mary land

WIDOWED

MIDDLE

M

Th CITIZEN OF WHAT COUNTRY?

Baltimore.

166. SOCIAL SECURITY NO.

MONTH DAY

Mes

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

REG. NO 2h HOUR 2n DATE OF DEATH YEAR & AGE TIN YEARS LAST BIRTHOAYS IF UNDER TYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESSIOR OF WORK FOR MOST OF WORKING LIFE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO [ 15 MOTHER'S MAIDEN NAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20h. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

4. FATHER'S NAME MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and find PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, il ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF FITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AL WORK 220.1 certify that (this haspital) attended the deceased from saw the deceased plive on Fehruary 8 obove, oh (we) (did) 226 SIGNATURE 224 PHÝSICIAN'S NAME (TYPE OR PRINT) CONJURA

Albert

13h COUNTY

PHYSICIAN 22e ADDRESS

211 LOCATION

ATTENDING MEDICAL DIRECTOR PHYSICIAN

, and that in (our) opinion death accurred on the date and hour and from the causes stated

22r. DAJE SIGNED

STATE

February

DEGREE

23 NAME OF CEMETERY OR CREMATORY

YEAR

19

VAMC, Baltimore, Maryland

CITY OR TOWN

21218 COUNTY

COUNTY

85

DHMH - 16 50M 4/83 (VRA 15, 4)

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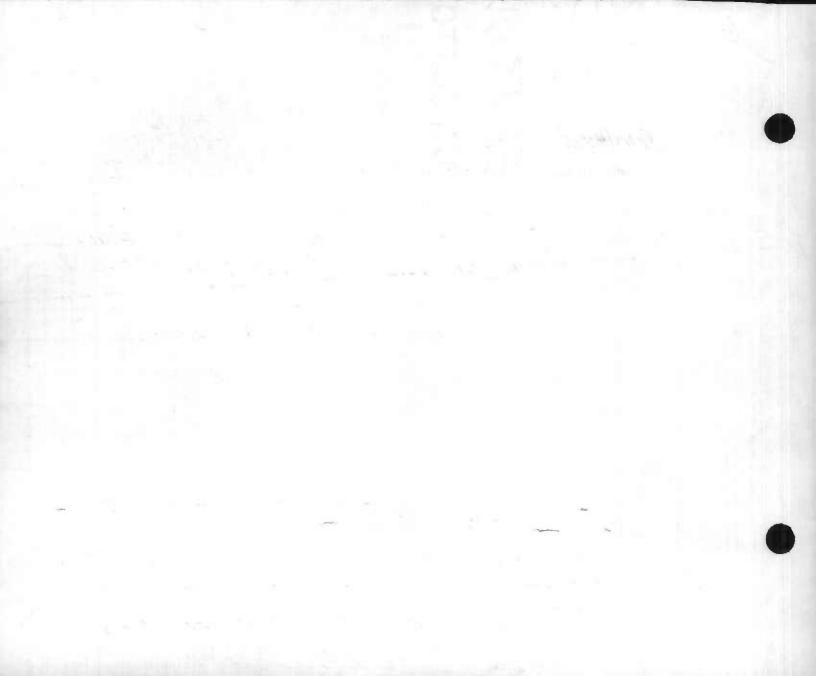
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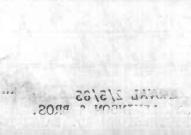
d b

P.M

REGISTRAR 251 REGISTRAR'S SIGNATORE

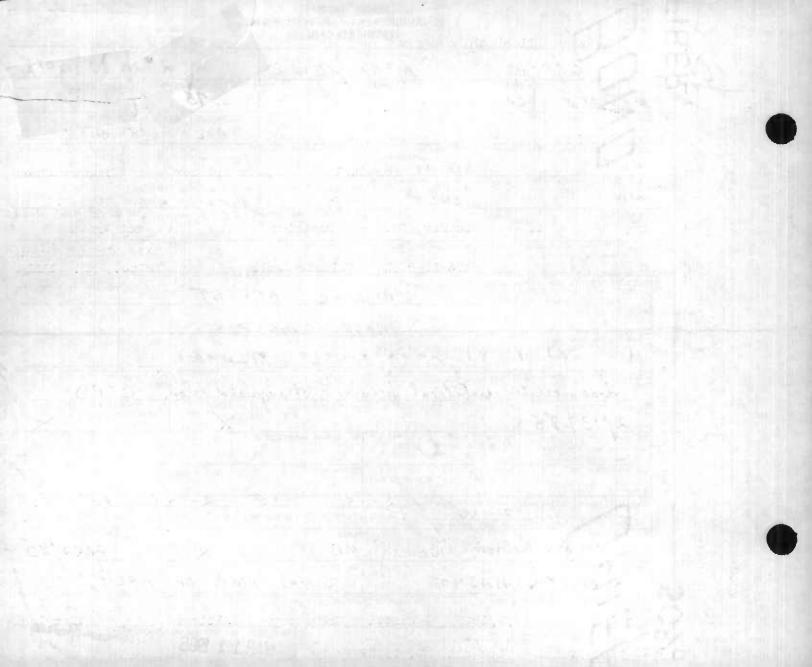


		FOR	25212	STATE OF MARTLAND	3 3 0	4 2 2 4
	1.	STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH		
	I DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
2 /2 to		OR PRINTI	. / .	Marin	02/	14 185 25919
(204.0)	3. SE	· · · · · · · · · · · · · · · · · · ·	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		Male	White	APRIL 22, 1925	59 , YRS	MONTHS DAYS HOURS MIN.
82 4 6	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUN	
ot on	2	EW YORK	USA	WIDOWED DIVORCED		IMORE CITY MD.
by the fulled with	10.5	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION (ET ADDRESS)	SECONETIES DEFILE	ER 126 KIND OF BUSINESS OR STATE OF NEW Y
d be d be	USU 13a.	AL DECIDENICE US NUBSING NOWS O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN. 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 3702	SEVEN MILE LANE
Should should be	14. F/	THER'S NAME	Deve	15 MOTHER'S MAIDEN NA	AME TURE TIME	e Cline
ond 2		MAX	MAZ]	FIRST	WIDDLE	TOKENOGY
ges V		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)	TURITY NO. 17 INFORMANT	TTERMAN'S INC. 3	31 AMSTERDAM AVE
on and		NO	126-14-	1083 (Nest	NEW YORK CITY,	N.Y. (10023)
hysici paper aval. nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b) of ED BY:	indiction ADD EC	-	BETWEEN ONSET AND DEATH
rear ceve		IMMED1A	TE CAUSE (o)	IAC AKINDO		
e cor		Conditions if now which	DUE TO, OR AS A CONSEO	UENCE OF A	Cilvani	
motic r fron		Conditions, if any, which gave rise to immediate couse (a), stating the	(b) C) b) X	Weller Land	Fall	
by th ase re I, cren ather		underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
pourio y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	IVEN IN PART 1(0)
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or us of He		saw the deceased alive or	12/4/85 19	11-1	death accurred on the date and h	
DIRECT sched f Dept. o		22b. SIGNATURE	at) view the body after death.	DEGREE		22c. DATE SIGNED
T te et		-5/9	Wex. (MI)	ATTENDING PHYSICIAN	MEDICAL STAFF	12/4/85
FUNERA old be de or the Stat		THE PHYSICIAN'S HAME THE	Os fronts	22e ADDRESS	1	l At
OOFAW		KEVe	vry mo	Sinai Ho	Ritary	Datimore
2 € 3 ₹	73e/7	FURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	L	URIAL / REMINISTRA		NEW MONTEFIORE CEM	PINELAWN. N.Y	
- 16 50M 4/B2	24 F	NAME SOL LEV	INSON & BROS PORESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGI	
VRA 15, 4)		6010 REISTERS	STOWN RD. BALTIM	ORE., MD. (21215)	EB 1 3 1985	a curdson- Randalle



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEV - STATE CERTIFICATE OF DEATH Grace Elizabeth McAndrew 20 DATE OF DEATH 2b. HOUR DECEASED NAME MONTH DAY TYPE OR PRINT! GRACE MCANOREW 6. AGE LIN YEARS LAST BIRHOLAY) CAUCASIAN August 6.1910 9. BALTIMORE CITY OR COUNTY OF DEATH Pa. BIRTHPLACE I STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTMORE CITY USA WIDOWED DIVORCED Pennsvlvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) BALT. SIN AI Hospita Proprietor Grocery Store WSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE MD NO [ PIMLICO MHNOR NH 2525 W. BELVEDERE AVE. 21215 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry C.MIDDLE Downey, Sr. Beatrice not known ADDRESS 5110 Richard Avenue 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 176-18-8902 Valerie Leuba Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIAC IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse RENAL FAILURE ACUTE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ Hyg 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21m. ACCIDENT WAS UNDERLYING **716 TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from, saw the deceased alive an_ _, and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22h. SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR KPHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b ROBERT 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h. DATE STATE Cremation Westview Crematory Baltimore 250 DATE REC'D. BY REGISTRAR 251 REGIST 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 50M 4/83 ADDRESS (VRA 15, 4) 7922 Wise Avenue Dundalk, MD. 21222



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. N	10.				
mcCarter	26. DATE OF DEATH	MONTH 5	85	YEAR	26. HOL	130
S. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 iR
DAY YEAR 10 1910	74	YRS.	MONTHS	DAYS	HOURS	MIN
MARRIED TO NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

FOR - STATE REGISTRAR MIDDLE 1. DECEASED NAME (TYPE OR PRINT) Mae 3 SEX 4. RACE emale ack To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY lordia Baltimore. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) **INDUSTRY** Balto. Secours Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 137 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balto. N. Mount St. Md. YES K NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine Braxton 304 N. Mount no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSTITUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPPRATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

sow the deceased alive on obove, (I) (we) (did) (did not) friewa

226. SIGNATURE

DEGREE

23c NAME OF CEMETERY OR CREMATORY

uburn Cem.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

22e ADDRESS

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	U	н		_	

DHMH - 16 50M 4/83 (VRA 15,.4)

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Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Chas. A. Rice FSPA

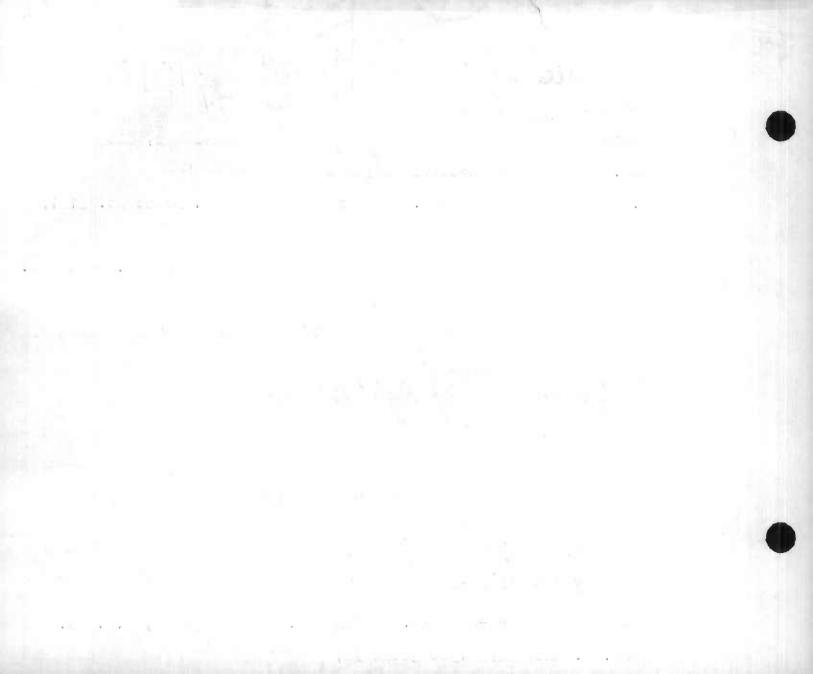
23b. DATE

23d LOCATIO

Westport

COUNTY

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	
REGISTRAR  1. DECEASED NAME TYPE OR PRINT  1. DECEASED NAME TYPE OR PRINT  1. DECEASED NAME TYPE OR PRINT  JOHNNIE  MCCLENDON	26. DATE KNOWNXX MONTH DAY YEAR 26 HOUR OF ESTI-
JOHNNIE MCCLENDUN  3. SEX  4 RACE  5 DATE OF BIRTH  MONTH  DAY  YEAR  6 AGE INVERS IF UNDER 1 YR. IF UND  MONTHS DAYS HOURS  2 AGE INVERS IF UNDER 1 YR. IF UND  AND YEAR  6 YRS.  6 YRS.	ER 24 HRS. 7c DATE MONTH DAY YEAR 24 HOUR PRONOUNCED DEAD 2-20-85 19 7:28A
76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY?  FOREIGN COUNTRY)  ANALYSIS OF THE OR T	RRIED BALTIMORE CITY OR COUNTY OF DEATH RCED Baltimore City MD.
30 30 30 30 30 30 30 30 30 30 30 30 30 3	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)  CONSTRUCTION WORKER
USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GRE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. COUNTY  137. CITY OR TOWN  PARTITIONSE  136. INSIDE (ITY LIMITS?  YES X NO []  14 FATHER'S NAME  15 MOTHER'S MAIL  15 MOTHER'S MAIL	130 STREET ADDRESS CAREY STREET
	MIDDLE LAST
	ARA SEAN BENJAMIN  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY:    MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:   MANAGEMENT   PARTI DEATH WAS CAUSED BY:	cular disease
gove rise to immediate (b)	
In the condition of the terminal disease or condition given in the condition for which operation was performed?    Value   Val	PART 1 (a).
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 197. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 197. TIME OF INJURY 197. THE OPERATION WAS PERFORMED?	20 AUTOPSY? YES <b>XIX</b> NO □
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H NORK AT WORK	CITY OR TOWN COUNTY STATE
death resulted from: Natural causes A. Accident . Suicide . Hamicide	nan
SIGNATURE M.D. ASSIST	antmedical examiner Date Signed 2-25-85  Penn Street
21/2/2/ 2/-95 (1-12/1/2 1/0)	23d LOCATION STATE COUNTY STATE
07/84 BP 25M DHMH-17 (VR A15 ME (5))  DY BY	E REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE  3 2 7 1985 Suna Davidson Render

Wilder St. 18 J. William A THE ATTENDED OF SIZE OF STATE OF STAT MARKET AND AND ASSESSMENT OF MARKET MARKET AND ASSESSMENT OF THE PARTY OF THE PARTY

3	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF HE	OF MARYLAND M CATE OF DE	ENTAL HYGI	ENE 8 5	0	4 5	5 8
may be poge 3 er death	(TYPE	CEASED NAME FIRS	NA M	MIDDLE	Me	PLU	RE	20 DATE OF DEATH	MONTH D	P 85	26. HOUR  10 PM  IF UNDER 24 HRS
· 11_75	3 SE	FEMALE	1 RACE	ITE	5. DATE O	DAY 4	YEAR 05	80			HOURS MIN.
death. Page		RTHPLACE (STATE OR FOREIGN	U.S.A	4.	WIDOWE		ORCED	- 17	70.	CITY	MD.
by the illed	-	BALTO	MASO	CH FACILITY, GIVES	, Lo.	R OTHER INSTI	TUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Hausners	OF WORKING LIFE		ed ed
hin 24 hoursity filled in should be formust be	130. :	Md.	OME OR OTHER INSTITUTION	GIVE RESIDENCE B 136. CITY OR Bal	TO.		NO 🗌	3030 E.	/ ZIP CODE Monur	nent ² 17	205
completely completely cond 2 st	14. F/	Edwin	MIDDIE	Be			IRST	unki	nown	LAST	
Poges medic		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	3-71	9-9896	Debor Debor		Gribbin		21206 Belair	
equires that the death certificate by signed by the attending physicio. Then please remove carban papers to burial, cremation, or removal.	NO	Conditions, if ony, while gove rise to immedia cause (a), stating to underlying cause to PART 2 OTHER SIGNIFIC.	ch te be due to, Q	DR AS A CONS	EQUENCE OF	se A			NDITION GIV	EN IN PART TIO	
Ician.  Ician.  Ite has been not permit.  Igiene prior  Shows any	CERTIFICATION	19a. DATE OF OPERATION	196 COND	DITION FOR WE	HICH OPERATION	N WAS PERFOR	RMED	YES NO	IN CERTIF	, WERE FINDING YING CAUSES ( S	GS USED OF DEATH? NO []
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TTENDING Datal or a TOR: Afte for use as aftedth 21 is mort		226   Gertify that (1) this saw the deceased all above (1) we) (did) (22b. SIGN) AFURE	hospital) attended the	/	19 85, on		, 19 3 5 our) opinion d	, to	date and hou		
FUNERAL by the FUNERAL build be deschip the Stote		22d RHYSICIAN'S NAME O, WER-	(TYPE OR PRINT) THE IM	ER,	m.).		I	MEDICAL ST DIRECTOR PHYS	4	ENUE	-
BP		BURIAL, CREMATION, REMO SPECIFY) Burial	OVAL   236. DATE   2-12		Parkwo	and the Third	m.	73d LOCATION CITY OR TOWN Balte		COUNTY	Md.
OHMH - 16 50M 4/83 (VRA 15, 4)		ohn C. Mil	ler Inc.	6415	Belair	Rd.	FE.	B 1 4 1985	R 256 REGIST	RAR'S SIGNATUR	Redakil

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1	FOR - STATE REGISTRAR			DEPARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 S	0	4 5	5 9
	DECEASED NAME YPE OR PRINT)	GENEV	A		OLLUM	2a. C	DATE OF DEATH	MONTH [	8 / 85	26. HOUR 03 40 AM
3.	FEMA.	E	BLACK	5. DATE C	DAY Y	6. AC	GE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	BIRTHPLACE ISTATE COUNTRY)	SOC 76.	CITIZEN OF WHAT	COUNTRY? 8. MARRIE WIDOWE	D NEVER MARRI	ED !	ALTIMORE CITY	OR COUNTY		G FTY MD.
10	BOLTON	DEATH III	NAME OF HOSPIT	AL, NURSING HOME O Y, GIVE STREET ADDRESS)	- N	/ (TYP	USUAL OCCUPATE OF WORK FOR MOST	TION OF WORKING LIFE	E) INDUSTRY	F BUSINESS OR
	SUAL RESIDENCE IF NO. STATE	13b. COUNTY	fills: CI	TY OR TOWN	13d. INSIDE CITY LIV	MITS? 13e.S	JREET ADDRESS		van	542
dia	FATHER'S NAME FIRST	3 mg	it it was	LAST	15 MOTHER'S MAIL		- work		212	
160	(YES, NO OR UNKNOWN)	ER IN U.S. ARME (IF YES, GIVE W		OCIAL SECURITY NO.	17. INFORMANT	10 N	BATUN	8	7 600	1300 M
2		immediate oring the use last.	(b)	CONSEQUENCE OF  CONSEQUENCE OF  UTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR COI	NDITION GIV	EN IN PART 10	0
2 2 2	190 DATE OF OPE	RATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		BS NOW	IN CERTIF	, WERE FINDI	NGS USED S OF DEATH?
7		CAUSE OF DEATH	21b. TIME OF INJUI HOUR A.M. M		21c. HOW INJURY					
MENN	21d INJURY OCC		21e. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	saw the dece above, (t) (we	eased alive an	attended the deced 2 / 8 new the bady after de	19 <b>85</b> ar	nd that in (easy) (our)	/	accurred an the	date and have	and from the	
		tal 1				CIAN DIR	EDICAL STA	CIAN 🔼		8/85
1	RAN		MITTAL		270 ADDRESS 560	5,000	Raver 1		BALIII	MORE, MI

DHMH - 16 50M 4/83

(VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OF CREATERY OF C

136 NAME OF CEMETERY OR CREMATORY



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG NO 7a DATE OF DEATH 26 HOUR Wayne MCCRACKEN ST 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 48 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

BIRTHPLACE TE CITIZEN OF WHAT COUNTRY ( STATE OR FOREIGN COUNTRY

RACE

WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver

12b. KIND OF BUSINESS OR Excavating Co.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Talbot Maryland

Trappe

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Rt.2 Box 136/21673

MIDDLE

PART I. DEATH WAS CAUSED BY.

Valerie 17 INFORMANT

Nemith Mary ADDRESS

see 13e.

LIF YES GIVE WAR OR DATES! 218-50-1818 Vicki A. McCracken

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Intracerebral hemo

Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse lost.

190 DATE OF OPERATION

- STATE

LIYPE OR PRINTI

3. SEX

REGISTRAR

ITY OR TOWN OF DEATH

DECEASED NAME

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE

226 SIGNATURE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION

20a AUTOPSY?

NON

CITY OR TOWN

22a.l certify that (I) (this hospital) attended the deceased from 2-7-19 85 saw the deceased alive an. above, (1) (we) (did) (did nat) view the bady after death

ond that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

ATTENDING 22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN MIFMSS

MEDICAL

COHENZADE H 23g BURIAL CREMATION REMOVAL

231 NAME OF CEMETERY OR CREMATORY Woodlawn Memorial

DEGREE

23d. LOCATION CITY OR TOWN Easton

Md. Talbot

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

Newnam Funeral Home

Easton, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE tia Davidson-Randall

CERTIFICATION

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(VRA 15, 4)

MPORTANT with

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2-11-85

CZ 11 88 - 15 - 65 HOPPIES HECKIEL OF 84 EL 900 Salfrimore. Brigher Starth Superina Landon and State Eliss (drewnodel 28/6/E X ELIAS CONENSADEH

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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		REG. N	10.				
a. DAT	E OF	DEATH	MONTH	DAY	YEA	R 2	. HOUR
			0		C)	-	410

REC	GISTRAR		CERTI	FICATE OF DEATH	REG. N	О.	
I. DECEAS (TYPE OR PR	SED NAME FIRST (INT) ELIZA	BETH	MC	CRAY	20. DATE OF DEATH		75 8 10 17 M
3. SEX	Temale	Black	S. DATE	1 (	6. AGE (IN YEARS LAST BE	PRIHDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
70. BIRTHP	PLACE (STATE OR FOREIGN 7 (RY)  Carolina	U.S.A.	V2 8	ED ENEVER MARRIED	BALTIMORECITY O	OR COUNTY OF DEA	ATH 2174 MD.
BA	LTIMORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PROVIDE	ET ADDRESS)	154 0	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST		CIND OF BUSINESS OR USTRY
13a STATE	cyland 136 COUNT	Baltin	WN	134. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA.	ME		e. 21216
160 WAS	Illiam DECEASED EVER IN U.S. ARM	Chandle Chandle Chandle Chandle Chandle Chandle Chandle Change Ch	CURITY NO.	Estelle 17. INFORMANT 3. John McCra	ADDR		
go cor und	IMMEDIATE anditions, if ony, which we rise to immediate use (a), stating the derlying cause lost.	DUE TO, OR AS A CONSECT OF TO, OR AS A CONSEC	DUENCE OF	LMONARY			ART 1(o)
CERTIFICATION 150	DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
LEDICAL SIG	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT SETTLER MOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  ULE NOT WHILE	21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCURI		JRY IN ITEM IB PART I ORP	ART 2)
22a.	ORK ALWORK	West the body after death.	17/-1	DEGREE ATTENDING PHYSICIAN [226. ADDRESS]	death accurred on the d	FF \ . (	, mor (ii (we) tosi
230 BURIA	AL, CREMATION, REMOVAL	0 100 10=		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Y STATE

BP.

TO FUNERAL DIRECTOR: After this

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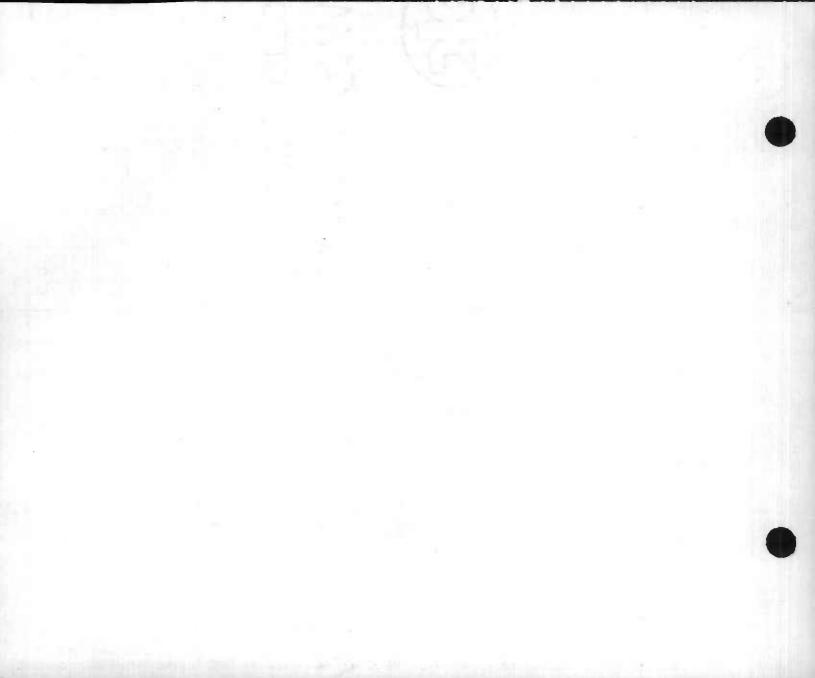
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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the should be detoched for use os the buriol-tronsit permit. Then please remove corbon pope with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS L E C March F/H Imc. 1101 North Ave

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE



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OR ATTENDING PHYSICIAN. The low ending physicion.

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TO HOSPITAL

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medi

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	1.	FOR STATE REGISTRAR			DEPARTM		IEALTH AND MENTAL HYG	IENE REG. N	0				
		CEASED NAME F	IRST	N	NIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
		H	ARRY		ELPH	MC	CROBIE		2	26	85	1:3	0a M
	3. 5E)	Male	1	White		5. DATE O	b. 5 1925 YEAR	6 AGE (IN YEARS LAST DIR	THDAY;	MONTHS	DAYS	HOURS	MIN.
35	W BI	RIHPLACE (STATE OR FORE COUNTRY)  Virginia	a 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_		ATH		MD.
3		TY OR TOWN OF DEATH	- 3	HE NOT IN SUCE	OSPITAL, NURSING HEACILITY GIVE STREET A OO LOCH F	DDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Driller	ON	LIFET IND	USTRY_	r Busini	
5	130 S		COUNT	ther institution Y Lmore	GIVE RESIDENCE DEFORE 130 CITY OR TOWN Bowley's	٧ .	13d INSIDE CITY LIMITS?	13. STREET ADDRESS A	ZIP CO	ë.	2	21220	
6	IL FA	THER'S NAME FIRST  Peph Mc	Crob	ie	LAST		Neveda	K. Gindle		ger	LAST		
2		VAS DECEASED EVER IN VES NO OR UNKNOWN) (1		ED FORCES? WAR OR DATES)	2353003		VAMC 3900 I	ADDRE OCH RAVEN 1		BAL	TO.	MD 2	21218
		18 CAUSE OF DEATH IE PART I. DEATH WAS IM/		one cause per BY: CAUSE (a)	BRONCHAIA	L PNE	UMONIA			_ 8	APPROXI	MATÉ INTE ONSET AND	DEATH
	NO	Conditions, if ony, will gove rise to immed cause (a), stating underlying cause I	iote the last.	DUE TO, OR		ÖĞARC	CEMOMA OF LUN		DITION (	FIVEN IN F	PART 140	1	
7	CERTIFICATION	19a DATE OF OPERATION	7	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE	FINDIN	IGS USE OF DEAT	TH?
7		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	21b. TIME OF HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 1	8 PART 1 OR	PART 2)		
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			EET, FACTORY OFFICE FA		211 LOCATION STREET	CITY OR TO	WN	col	UNIY		STATE
		22a I certify that (X (this saw the deceased above, (V (we) (did)	s hospital	EBRUAR)	Y 26 19 19 19 19 19 19 19 19 19 19 19 19 19	JANUA 85	nd that in XXX (aur) apinion o	to FEBRUAR death occurred on the de	Y 26 ate and h	19_8! our and fr	am the	thaXX (	we) last ated
		226. PHYSICIAN'S NAME	,	NX	rugen	M	ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC		22	2/2	6/	OF
		T. AL	GU	16N			3900 LOCH		BAL	TO, N	4D	2121	8
	700	Surial, CREMATION, REA	MOVAL	3/1/85	23c. N Ho]	AME OF C	emetery or crematory ill Memorial (						TATE
9	K	izdzinski Tu	nera	1 Stores	PA 1407	old E	astern MAR 0	REC'D. BY REGISTRAN		STRAR'S S		URE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

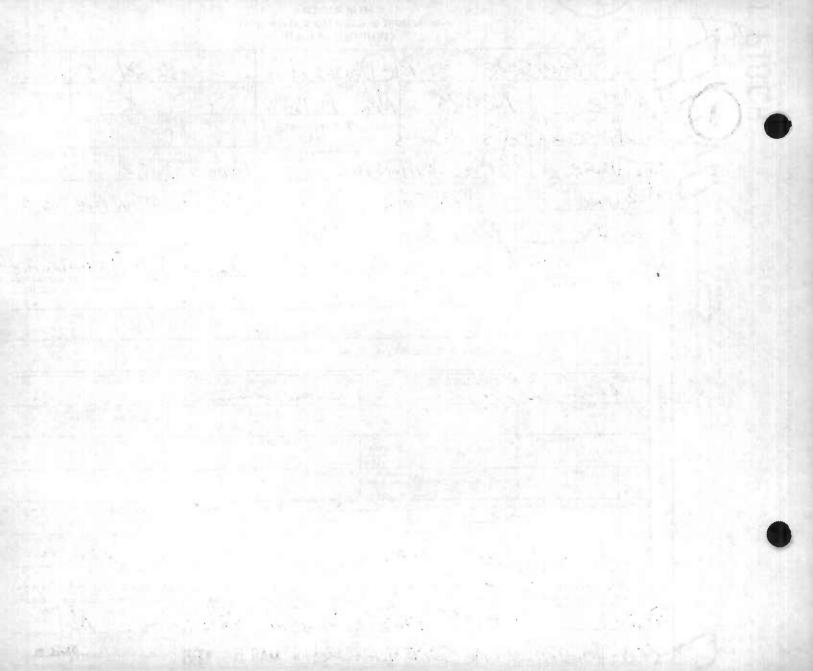
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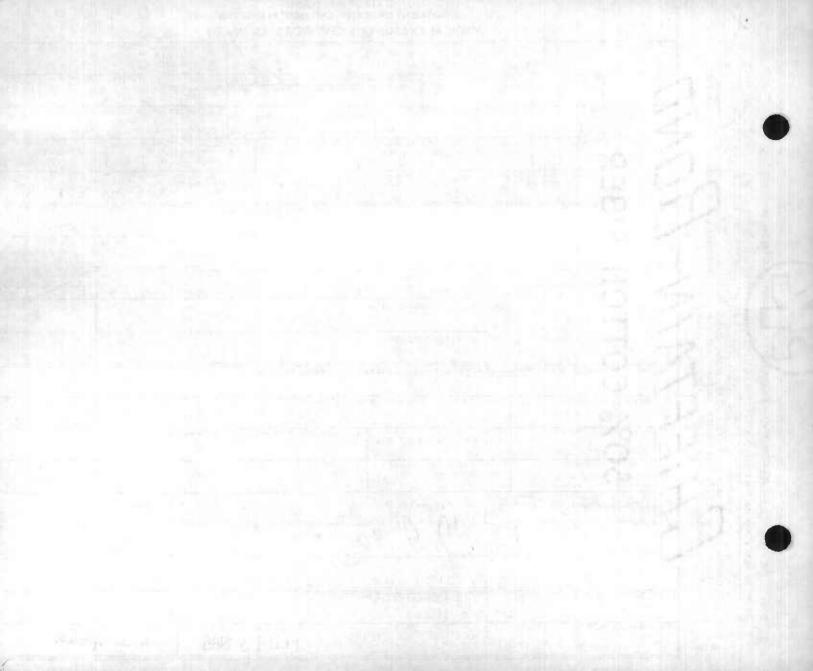
Gula Daydon Randelle

(VR A 15 (4))

STATE OF MARYLAND



N	1.	FOR		0	EPART			AND MENTAL	HYGIEN	5	0 4	15	6	5
A	1-	STATE REGISTRAR						ERTIFICATE		TH	EG. NO.			
		CEASED NAME	FIRST	No. 100	MIDDLE			LAST		OF EST	VN Y MONT	H DAY	YEAR	2b. HOUR
A S. S. F.			Mary		Α.		Mc	Elwee		DEATH MAT	ED 2	9 19	85	M
ST. ST.	3 SE			5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN			2c. DATE	MONTH	DAY	YEAR	24 HOUR
AGO NO			Black	4 22	94	90 YR	-			DEAD	2		985	11:35
HESE STATE	FC	RTHPLACE (STATE C		76. CITIZEN OF WH		TRY?	MARRI	ED NEVER MAI	RRIED 🔼	9 BALTIMORE	ITY OR COU	NTY OF DE	ATH	
ASS. SA		I. Carol		U.S		SINIC HOUSE	WIDOW			Baltimo			OF BUILD	MD.
PACE PACE PACE PACE PACE PACE PACE PACE	10.0	Baltimore	70.00	(IF NOT IN SUCH FAC	ILITY, GIVE ST			EK INSTITUTION	FOR W	AL OCCUPATIO OST OF WORKING LII	FE)	OR II	NDUSTRY	
21201 E ANY DE AND 3 IC RETAIN I HOULD BE	USU			ROTHER INSTITUTION, GIV	ERESIDENCE			13d. INSIDE CITY LIMITS	lia cene	ET ADDRESS				
ORE, MD. 21201 DEATH. IF ANY DE GES 1, 2, AND 3 W. PM. 3, RETAIN I AND 2 SHOULD OF WITH IR CORD	No.	ryland	138. COUNT			ltimo	re	YES X NO	431	5 Belv	eiu A	ve. 2	2121	.5
MD. H. IF.	14. F.	ATHER'S NAME		MIDDLE		IAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		145	i.	
SESTH.		Zef			McEl		7-1	Flore	nce			Johr	ison	1
URS AFTER DEA URS AFTER DEA B. GIVE PAGES WITH FORM P IT. PAGES I AN	160. \	VAS DECEASED EVI ES, NO, OR UNKNOWN)	(IF YES, GIVE V	NED FORCES? VAR OR DATES)		IAL SECURITY		17 INFORMANT			DRESS	31.19		
S AF GIVE ITH PAG IVISH		NO				-46-7	985	Charles	W. M	lcElwee	4315			
	-	18 CAUSE OF DE PART I DEATH	WAY AS CALISED	y ane cause per line BY:				7.					NONSET /	NTERVAL
Ser Per Per Per Per Per Per Per Per Per P		C39	IMMEDIATI	E CAUSE (o) Ar				cardiovas	cular	disease				
2 E 10 T S		Conditions, if				JEGOETICE (						3 150		
NAT WANT ON THE WANT OF THE WA		gove rise to cause (a) state	ng the under-	DUE TO, OR	AS A CON	SEQUENCE C	OF.						-	
XECUTED JG" IN PICAL SAL EXAL BURIAL- AND ME		lying cause lo	st.	(c)										
E MACATA	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO GEATH B	UT NOT RELA	TEO TO THE TERM	NAL OISEASE	OR CONDITION GIVEN IN	PART 1 (a).					
MITAL RECOI SHOULD BE E DRO "PENDIR CHIEF MEDIL E USED AS A T OF HEALTH	MEDICAL CERTIFICATION	190 DATE OF OPE	RATION	196 CONDIT	ION FOR V	VHICH OPER.	ATION W.	AS PERFORMED?		-		20 AU	TOPSY?	
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OF VITA  CATE SHO THE CHIE JID BE US MENT OF	CER	210 EXTERNAL CA		216. TIME OF		DAY YEAR	21c HC	W INJURY OCCUR	RED LENTER N	ATURE OF INJURY IN	ITEM 18 PART 1 OR			NO GA
ON ON THE CANALA ARETA	3	UNDERLYING CONTRIBUTING			MONTH	19								
	i i	21d. INJURY OCCU	IRRED	21e PLACE O STREET, FACTO				ATION	7-17-5	CITY OR TOWN		OUNTY	W.	STATE
DIN THIS C WARDI PAGE 3 STATE D	1	WHILE AT WORK	WORK	m=		.,				CITTORTOWIN		.001417		SIAIE
	6	22a I certify the		of the remains desc	rib®y obo	et, held on	Афри	, Inspec	tion X	Inquiry .	ond in my	opinion		
EXAMINER: CGRIFICATE DULD BE FOR MARYLAND		death resulted fro	Nuture	olytoryses X	Acquire	J1 500	cide	Hamicide	Undete	rmined manner				
EXAMI CERTIFIOUD BE DIRECT WARYLWARYLWARYLWARYLWARYLWARYLWARYLWARYL		ACTUAL /	/	1	M	4	Ch	TITLE (SPECIFY)						
A SHA	, ,	SIGNATURE	1	anyon	W	2m	Ky.	Acting C	hieten	CAL EXAMINER	DATI		10/8	85
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F AFTER DEATH, WITH TI BALTIMORE, MARYLAN	-	EXAMINER'S NAM	E T	homas D.	Smith	M.D.		ADDRESS_111	Penn S	St.	Balto	MD		
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION						CREMATORY	23d LO	CATION				
07/84 BP	E	ÜRIAL		2/13/85		stvie			CITY C	timore		YTHUS	Md.	TE
25M DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS			W IVIE	25a. DAT	E REC'D. BY	REGISTRAR 25b	REGISTRAR'S	SIGNATUR	E	
(VR A)5 ME (5))	Wr	n C Marc	h f/H	Inv. 11	01 E	Nort	h A	ve. FEB	1319	185 /-	Davidsor	Mana	ماكل	F



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L	REGISTRAR				REG. NO.	
	1. DECEASED NAME JOHN	G.	McFeat	ers	20 DATE OF DEATH MONTH 2-14	-85 517 A
1	3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHOAY)	FUNDER TYEAR FUNDER 24 HRS
ı	Male	White	12 23		68 YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTE	RY? 8 MARRIED NEV	ED MADDIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	Pennsylvania	U.S.A.	WIDOWED	DIVORCED [	Baltimore City	MD.
7	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR		INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
1	Baltimore	Francis Scott		Center	Steel Worker	Beth. Steel
7	USUAL RESIDENCE (# NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e.STREET ADDRESS / ZIP CODE	
	Maryland Balti			NO 🗓	6923 Ridgeway	21222
1	14 FATHER'S NAME FIRST	WIDDLE LAST		HER'S MAIDEN NAM	AE MIDDLE	LAST
4	Mabin	McFeate MED FORCES? 1166 SOCIAL SE		Catherine	ADDRESS	Eisenhuth
1		WAR OR OATES				
	NO  18 CAUSE OF DEATH (Enter only PART ). DEATH WAS CAUSE!	216-10-		F. McFea	aters Sam	ne as 13e
	Canditians, if any, which gave rise to immediate couse to), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  (c)  ONDITIONS CONTRIBUTING 1	OUENCE OF		IN CERTIF	EN IN PART ITO  S, WERE FINDINGS USED YING CAUSES OF DEATH?  S \( \text{NO} \( \text{NO} \)
6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospit sow the decease define on obove, (1) well (did tid no 22b SIGNATURE)	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI- oil) attended the deceosed fro  11 view the body ofter deoth	DAY YEAR 19 211 LOC	ATION  19  (my) (our) opinion d  ATTENDING PHYSICIAN	ED (ENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
-	DANIEL  236 BURIAL, CREMATION, REMOVAL	M. PERLA 1236. DATE 12	30 NAME OF CEMETERY	OR CREMATORY	1230 LOCATION	Gr.
	(SPECIFY) Burial	2/16/1985	Oak Lawn		Baltimore	Maryland
1		Puck Inc		250 DATE	E REC'D. BY REGISTRAR 256. REGIST	
	7922 Wise Avenue	ADDRES	. 21222		LU 1 5 1981	2 10 10 12

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corbanapers. Page and the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, or other troumotic event,

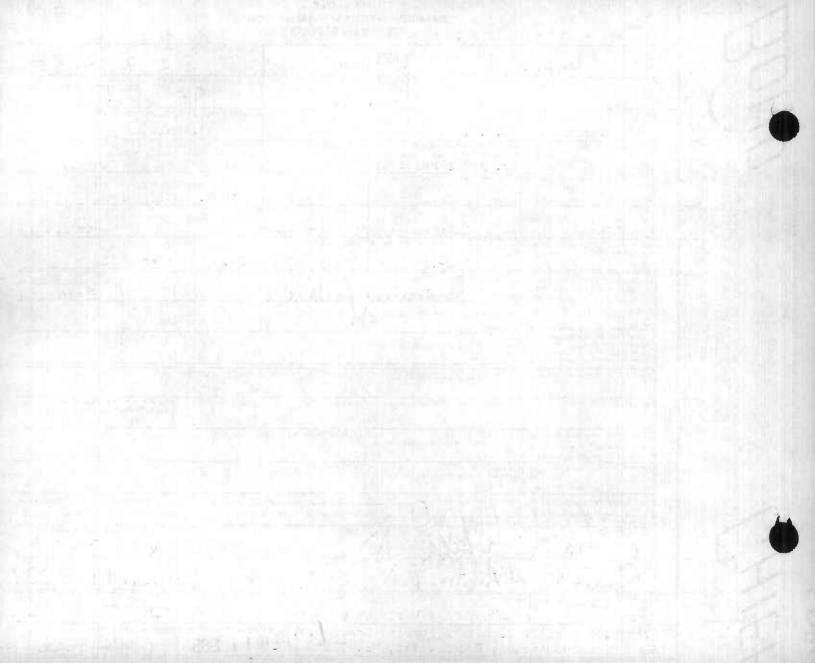
MPORTANT: If them 21 is marked or Item 18 shows ony

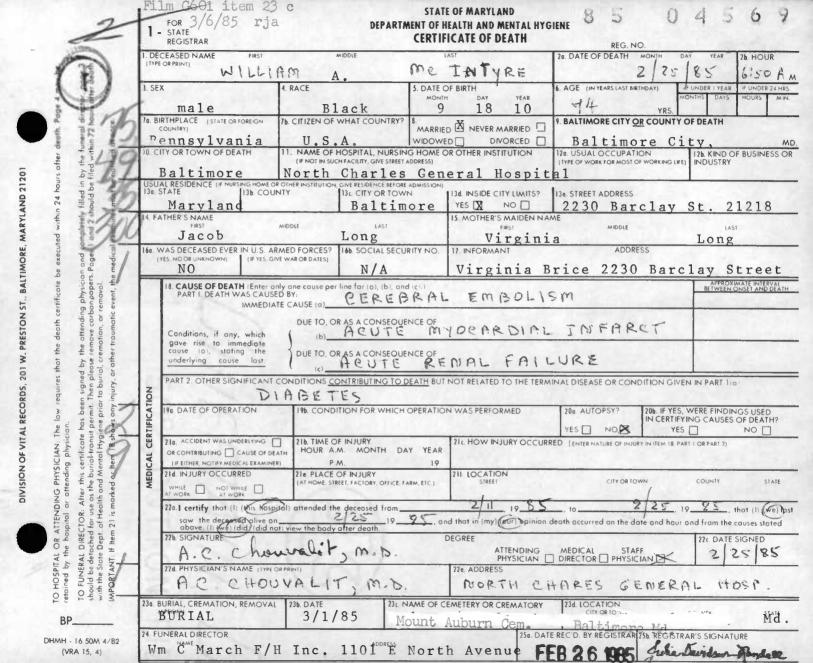
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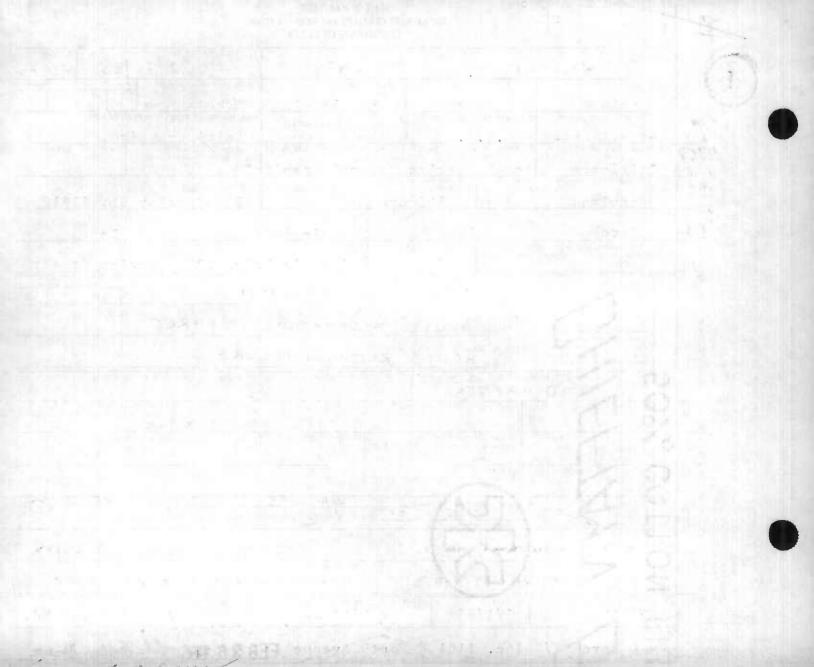
2_	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.	0 4 5 6 7
(A)		CEASED NAME ROBER	T ALFRED WI	C bowlege	20. DATE OF DEATH MONTH	17 85 920pm
oge rection pours of the	3. SE	MAVE	WHITE	5. DATE OF BIRTH  MONTH  DAY  YEAR  3  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
unerol dire		MARYLAND	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 22 1 1	som City MD.
us ofter by the f filed wit	1:	BATTMONE		n ANTAN HOSP,	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN HONSE BREET	12h, KIND OF BUSINESS OR INDUSTRY
in 24 hour y filled in thould be thought be the thought be thought be thought be thought be thought be the thought be the thought be the	130. 3	45 BA		138 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	//: 7/11-
ompletely and 2 s	1	HARRY 1	To McGavici		RET MIDDLE	WALK
on ond o		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN)  (IF YES, GIVE	WAR OR DATES)	1936 ANNA M. McG	ENIGAL ADDREST	WENGATE AD RING
certificate ing physici banpaper r removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	/V/L IVIC TY		CARUNOMA	BTWEIN CHOST AND DOG TH
quires that the death signed by the ottend. If the please remove co to burnol, cremotion, o to hurry, or other traumot	NO	Conditions, if ony, which gove rise to immediate couse lol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	(b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	inal disease or condition	GIVEN IN PART Too
n. nos been ne prior ws ony ii	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The ending physicio this certificate he buriol-tronsit and Mental Hygie dor Hem 18 sha		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
d d d d	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OING PHYSICIAN: To or ottending physical After this certificate of the buriol-trons oith and Mental Hygmarked or hem 18 simmarked or hem 18 simmar		220.1 certify that (1) (this hospite		ond that in (my) (our) opinion	deoth occurred on the dote and	, tho (i) (we) lost
TTEN pitol TTOR for us of He		sow the deceased glive on above, (1) we)(d/d) (did not	retew the body after death			
on ATTEN hospitel DIRECTOR: ched for us Oopt of Hem 21 is		226. SIGNATURE	WHOUSEM, MD	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	271. DATE SIGNED
hospitel hospitel hed for usept of Hem 21 is	730	27th SIGNATURE  THE PHYSICIAN'S NAME (14PE OR  WATHA)	PRINT SCHREIBER	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAND	
on ATTEN hospitel DIRECTOR: ched for us Oopt of Hem 21 is		226. SIGNATURE	PRINT SCHREIBER  236. DATE  236. N	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN P  23d LOCATION CITY OF TOWN CITY OF	2/17/85 D. BAND, MD

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		FOR		DEPADTA		MARYLAND — H AND MENTAL HYO	B 5	0	4 5	6 8
100	1.	STATE	McINNES SR			E OF DEATH				
- 1	I. DE	CEASED NAME FIRST	MIDDLE	•	LAST		REG. N	MONTH DAY	YE AR	26 HOUR
		OR PRINT)			MCThn	64		2 7	85	83
	3. SE	Harr	N. RACE		5. DATE OF BIR		6 AGE (IN YEARS LAST BE		JNDER I YEAR	IF UNDER 24.1
5.7	J. JL		T	-8.10	MONTH	DAY YEAR	94	MON		HOURS N
,	120	Male IRTHPLACE (STATE OR FOREIGN	White	T COUNTRY?	Dec. 1	7, 1890	A BALTIMODE CITY	YRS.	COLATH	
4		COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH			
4		Pennsylvania					Baltimore City 120 USUAL OCCUPATION 120 KIND OF BUSINI			5.555.5.6
1	0.0	IIT OR IOWN OF DEATH	(IF NOT IN SUCH FACE			HER INSTITUTION	TYPE OF WORK FOR MOST		INDUSTRY	L ROZINESS
1	1	Baltimore	St. Agn	es Hosp	oital		Clerk		Groce	ry
1	13a	AL RESIDENCE (IF NURSING NOME OF STATE 136. COL	OR OTHER INSTITUTION GIVE R  JNTY   13c. (	ESIDENCE BEFORE	ADMISSION) N 13d I	NSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
i		Maryland Bal		atonsvi	ille YES	□ NO X	1310 N. R	olling F	Road	2122
2	H F	ATHER'S NAME FIRST	MIDDLE	LAST	15. N	OTHER'S MAIDEN NA	ME		ŁAS	1
6	/	Archibald		cInnes	e Tombe	(unknow	n)		(ur	iknown
2		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECUI	RITY NO. 17 III	NFORMANT	ADDR	ESS		
Section		No No		83-05-1	1706 H	arry McInn	es Jr. Sa	me as #	13	
		18 CAUSE OF DEATH (Enter t	only one couse per line	o) (0), (b), dho	d ic·	1.0			APPROXU BETWEEN (	MATE INTERV
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Lesden	at 1 1	a. V.10				rs
mave carbanation, ar re-		DAGALEDI		. co. krous	NGS OF	1				- The second
9		Conditions, if any, which	DUE TO, OR AS	A CONSEQUE	MCE OF OIL	)		ETITION	1100	
		gave rise to immediate cause (a), stating the							1-01-01	
П		underlying couse lost.	DUE TO, OR AS	A CONSEQUE	NCE OF					
	300	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO D	DEATH BUT NOT	RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN	(N PART 1)	3.
	Z									
7	ATI	190. DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION WA	SPERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
7	F						YES NO	IN CERTIFYIN		NO T
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			210	HOW INJURY OCCUR	RED (ENTER NATURE OF INSI			
1		OR CONTRIBUTING CAUSE OF D		MONTH DA	AY YEAR					
	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF IN	JURY		LOCATION				100
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR 10	)WN	COUNTY	STA
of Health and		220.1 certify that (I) (this has	itali attenda (No da	sound from		19		19.		that (I) (we
		saw the decensed plive of		6	and the		death occurred on the c			
		27h SIGNATURE	of view the body ofte	deporter	» DEGR				122s DATE S	
	10	XIDO	THA	W	11	ATTENDING	MEDICAL STA	FF .	7	30 6
0		274 DONGICIANT SHAME ISIN	I last	yero.	W	PHYSICIAN [	DIRECTOR PHYSI	CIANIN	C.	2.80
		CE	1/0/	F. 13	1 1	ST.	Ilan R	H	11	217
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		BURIAL, CREMATION HIMOVA (SPECIFY)	The Contract of the Contract o			ERY OR CREMATORY	236 LOCATION		OUNTY	Mc
		remation	2/9/85			Crematory	Catons			
	24 L	eroy ME Russe	ell C. Witz	ke Fune	eral Hom	es P.A 250 DA	TE REC'D. BY REGISTRAF	256 REGISTRAF	R'S SIGNATI	URE
	1	630 Edmondson A	Avenue, Cat	onsvil.	le, Md.	21228 FE	B 1 1 1985	- macy	idson-A	ander







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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

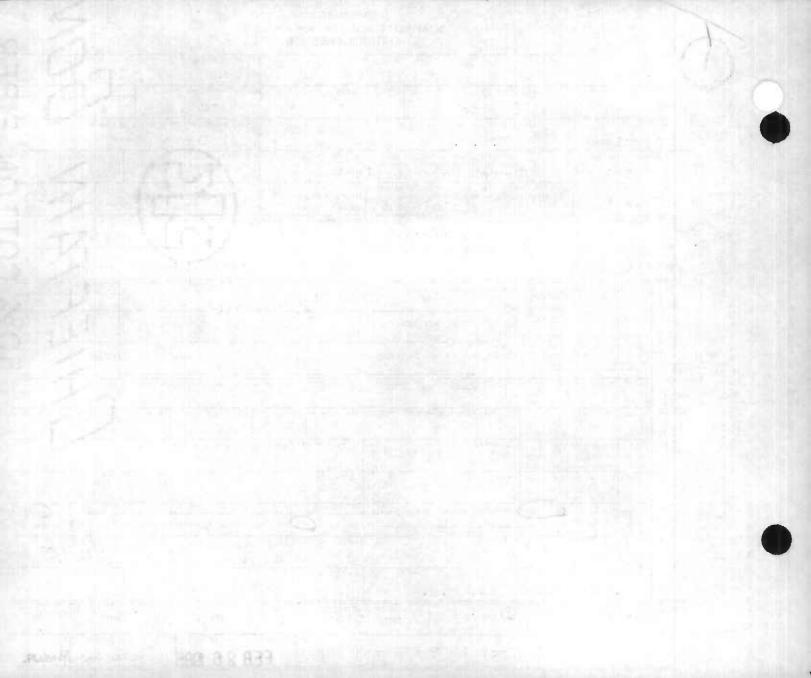
1. DECEASED NAME FIRST				REG. N	O.		
	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
Martha """	е	McWi	lliams	February	22,	1985	12:081
3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
Female .	Black	MONTH 2	2 11 YEAR	74	YRS.	MONTHS DAYS	HOURS MI
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Maryland	U.S.A.	WIDOWE		Baltimor	e Ci	ty,	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C		120 USUAL OCCUPAT	ON	126 KIND C	F BUSINESS
Baltimore	Church Home		tal	(TYPE OF WORK FOR MOST C	F WORKING LI	FE) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME (130. STATE 13b COL			13d. INSIDE CITY LIMITS?	La expert appores	4 710 000		
Maryland	Balti		YESX NO	13e STREET ADDRESS . 804 Arno	1d C	ourt 2	1205
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA				
Daniel	McWill	iams	Flora	WIDDLE		Hadder	1
160 WAS DECEASED EVER IN U.S. A		SECURITY NO	17 INFORMANT	ADDRI	SS		
(YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		Ruth Tyler	2414 Shi	rley	Avenu	ı e
18 CALISE OF DEATH FORD	anly ane cause per line for (a), (b)	Landie				APPROX	MATE INTERVAL
	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	
0							a
190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES	NGS USED
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		N WAS PERFORMED	200 AUTOPSY?	IN CERTI	FYING CAUSES ES	NGS USED OF DEATH?
ON CONTRIBUTION CAUSE OF O	21b. TIME OF INJURY HOUR A.M. MONTH			200 AUTOPSY?	IN CERTI	FYING CAUSES ES	NGS USED OF DEATH?
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OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIFY WHILE AT WORK  AT WORK AT WORK  TO CHIEFLY THAT THE HOS	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.) FORT	211 LOCATION STREET  211 19 9, 1985	200 AUTOPSY?  YES NOW RED (ENTER NATURE OF INJUI	IN CERTI YI RY IN ITEM 18 WN	FYING CAUSES ES  PART I OR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

etained by the hospital TO HOSPITAL

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

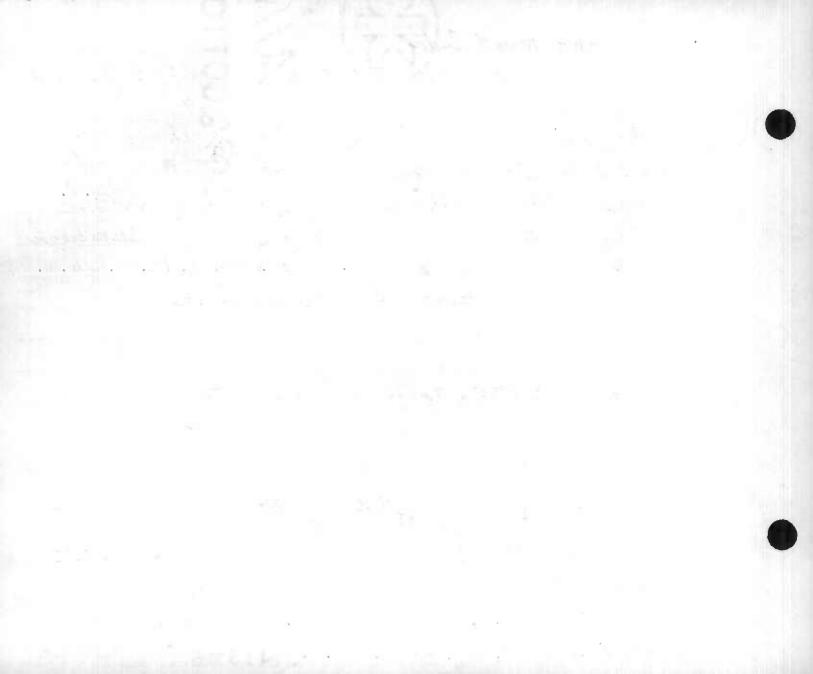


17/1	500		STATE OF MARYLAND	N 23	0 9 3 /
· VII	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINTS	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HO
	MAUR	4 Alvin	MEARS	0	2/24/85 1:10
3. SE	X 4	. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
	MAIE	white	Feb. 27.1931	53	MONTHS DAYS HOURS
Jo: 8		. CITIZEN OF WHAT COUNTRY	8	9. BALTIMORE CITY OR C	OUNTY OF DEATH
3	COUNTRY)	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAItim	
	MARY/AND CITY OR TOWN OF DEATH 1		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
10 p		(IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS)	TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY .
	A I + · MORE	Mercy	Hospital	MAINT. Supe	ru. State
130.	JAL RESIDENCE (IF NURSING HOME OR O STATE 136, COUNT			13e. STREET ADDRESS	
5 M		Arundel Balt.	YES NO X	1221 Audr	ey Ave 212
E"2 /	ATHER'S NAME FIRST MI	IDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST
	LINWOOD	Metr.	ROSE		Meyers
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)   (1F YES, GIVE)	ED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
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e c	IMMEDIATE				
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or other	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
0 70		( (c)			
2 2	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
y injury,					
No.	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20	Ob. IF YES, WERE FINDINGS US
hows ony injury,	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?   21	Ob. IF YES, WERE FINDINGS USI N CERTIFYING CAUSES OF DEA YES NO
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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony in the shows one sh	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that the this hospital sow the deceased alive an above. HE five (did) (did not)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR IT IN THE OR IT IN T	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  Ottended the deceosed from 22 24 view the body ofter deoth.	AY YEAR  19  211. LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  220. ADDRESS  METRIC  ATTERCY	200 AUTOPSY?  YES NO	Ob. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEAYES NO NITEM 18 PART 1 OR PART 2)  COUNTY  OND HOUR OND FROM the couses SI  22c. DATE SIGNED  22/24/
WPORTANT: If Hem 21 is morked or Nem 18 shows only in the shows on	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that Ht (this hospito sow the deceased alive on obove. Ht (ve) (did) (did not)  22b. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (1AT HOME, STREET, FACTORY, OFFICE, view the body ofter deoth.  22 / 19 view the body ofter deoth.  23b. DATE  23c.	AY YEAR  19  211. LOCATION  FARM. ETC.)  211. LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	200 AUTOPSY?  YES NO	Ob. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEAYES NO NITEM 18 PART 1 OR PART 2)  COUNTY  OND HOUR OND FROM the couses SI  22c. DATE SIGNED  22/24/

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10	1	FOR	DEPARTMENT	T OF HEALTH AND MENTAL HYG	IENE	
	1 -	STATE REGISTRAR CIJA	March Tudas CI	ERTIFICATE OF DEATH	REG. NO.	
	1 DE	CEASED NAME SHIST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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6 9A .)	₹o. BI		B. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	
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filled in ould be in	130 3	Mrwand 136 COUNT		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DOE Balto. I'd.
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E .		I nomas 2	-, juiler	Mara	ADDRESS	Cuma balga
dicc ges		VAS DECEASED EVER IN U.S. ARM (ES, NO ORAUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY			1 0 11 11 212
P o		(IF YES, GIVE	X/2-20.3	120 Mr. Stanley J.	Iudor, 9 W. 11th	.Ave.Balto.Md.212
pers.		18 CAUSE OF DEATH (Enter only	ane cause per lye for raf (b), and o	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physics on pope emavol.		PARTI. DEATH WAS CAUSED	BY:	rolling Leiler	wanner.	
002		IMMEDIATE		20 · 00 · 00 · 00	0,00.00	
CO. Co.			DUE TO, OR AS A CONSEQUENCE	OF a CO		1
o tro		Conditions, if any, which	( 16) Lung C	order		
ě		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	E OF		
the last		underlying cause last	(c)			
njury, or other troumotic		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	TH BUTANOT RELATED TO THE TERM	IN ALDISEASE OR CONDITION	GIVEN IN PART I I a
2.0	Z	PAOD AND THE	ANTARA DA VANA	ANNO IMANIO	1.0011	
ā	TI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	PATION WAS DEPEOPAGED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
9 5 7	CERTIFICATION	DATE OF OPERATION	178 CONDITION FOR WAITCH OFE	KATION WAS FERI ORMED	INCE	RTIFYING CAUSES OF DEATH?
Jows	1				YES NO	YES NO \
Hygi 18 sh	9	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
Hem 1	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER_NOTIFY MEDICAL EXAMINER)	P.M.	19		
or Item 18 sh	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
puo	X	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM,	ETC ) STREET	CITY OR TOWN	COUNTY STATE
olth ond morked		AT WORK AT WORK		10 /- 21	1	
teo m s		220.   certify that (+) (this hospite	all attended the deceased from	10/5 19 0	7 . to	, 19, that <del>(t)</del> (we) last
2 of 1		saw the deceosed alive an abave, (1) (we) (did) (did nat	view the bady after death.	, and that in (my) (aur) apinian a	death accurred an the date and	haur and from the causes stated
tote Dept.		22b. SIGNATURE	11 100	DEGREE	4-1	22. DATE SIGNED
O ±		BEMAN	11.	ATTENDING	MEDICAL STAFF	2/0/85
State NNT:		224. PHYSICIAN'S NAME (LYPE OR	PRINT1	PHYSICIAN [	DIRECTOR PHYSICIAN	74103
RT 1		RE BRAN	NT	11 1	MINI	
with the State		B.E. DICK	UI	John Deaton	micd center	
v 3 ≤		URIAL, CREMATION, REMOVAL		E OF CEMETERY OR CREMATORY	23d LOCATION	and the second
		SPECIFY) Burial	Feb. 12, 1985 (e	dan Hill (emt.	Baltimore.	Manuland STATE
	24. FI	JNERAL DIRECTOR	, , , , ,		E REC'D. BY REGISTRAR 256. REC	4
OM 4/83			Home, 130 E. Fort A	ve. Balto. Md. EE	0 .	W
5, 4)		in any racease	130 C. FORT A	ve. Daw. I'm. EE	1 3 1985	Davidson-Aandall



death

OR ATTENDING PHYSICIAN: The low

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retained by the hospital or attending physician.

	ST	A	T:	OF	M	ARYL	AND			
AENT	0	F	1 5	AL'	TH	AND	MENT	AL	HYGIE	

DEPARTA NE CERTI CATE OF DEATH

200	REGISTRAR			CERTI	CAIL OI DE	AIII	REG. N	10.				
	DECEASED NAME	FIRST	MIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY		2b HOUR	2
	TYPE OR PRINT) Eliza	cheth	A.	Meel	45			2	5	85	500	PM
3.	SEX	4 RACE	*	5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 2	4 HRS
	Female	Cu	ucusian	THOM	PAY	30	55	YRS.	WOMINS	DATS	HOURS	MIN.
1	BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY	Y? 8	D NEVER MA		9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH	10.1	
35	Maryland	15	J.S.A.	WIDOWE		RCED [	Butt	brem	Cit	4		W
7-10	CITY OR TOWN OF DEA		OF HOSPITAL, NURS		OR OTHER INSTITU	NOITU	12ª USUAL OCCUPAT				BUSINES	SOR
204	Buttomere	Wy	man Paik	Keulth	Systen	1	Schooltea			7 2 4	catio	on
	SUAL RESIDENCE (IF NURSI)  10. STATE	BO HOME OR OTHER INSULU	13c. CITY OR TO		13d. INSIDE CITY	LIMITS?	STREET ADDRESS	ZIP COL	Blu	id o	210	13
	FATHER'S NAME	MIDDLE	LACT		15 MOTHER'S M							
34	Robert	Dana	Marin	er	Mari		WIDDLE		u	rate	20	
16	WAS DECEASED EVER I	N U.S. ARMED FORCE			17 INFORMANT		ADDR	ESS				
2	NO	(II TES CIVE WAR OR DATE	312-98	5-0707	Robert	L. Me	eks, 109 G	ibbon	s Bl	vd.	2103	0
	18 CAUSE OF DEATH	LEnter only one couse	e per line far (a), (b), (	and (c)						APPROXIA	NATE INTERV	/AL DE ATH
	PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a	, small a	ell cu	runemo	ch l	ung			14m	ma	the
5		DUE TO	O. OR AS A CONSEQ	DUENCE OF								
	Canditians, if any,		)									
1	gove rise to imme cause (a), stating		D, OR AS A CONSEQ	UENCE OF								
	underlying couse	lost	)									
		IFICANT CONDITION	IS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISEASE OR COM	NDITION G	IVEN IN	PART Ita	194	
	190 DATE OF OPERAT	ION 19b. CC	ONDITION FOR WHIC	CH OPERATIO	N WAS PERFORM	NED .	20a AUTOPSY?	20b IF Y	ES, WERI	FINDIN	GS USED	
							YES NO		IFYING (	CAUSES	OF DEATH	
		110110	AE OF INJURY	DAW VE45	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR	PART 2)		
2:	OR CONTRIBUTING C	AUGE OF DEATH	A.M. MONTH									
	(IF EITHER NOTIFY MEDIC.  21d. INJURY OCCURRI	ED 21e. PLA	ACE OF INJURY		211. LOCATION		CITY OR I	DIAME		UNTY	51	ATE
:	WHILE NOT WHILE	E D	AE STREET, FACTORY, OFFICE	E FARM ETC)	SIREET		CTT OK I	J			31	
	220.1 certify that (1)	this haspital) attende	d the deceased from	1	Vat	19 84	to Fih S		. 19 0	-	har (I) (w	e) los
	sow the deceased	dalive an Time	19.	, ar	nd that in (m) (a	ur) apinion c	leath occurred an the o	late and ho	our and f	om the c	auses sta	ted
	276. SIGNATURE	7	a di	1	DEGREE				22	C DATE S	IGNED	
	1 6	This 1	1. Syn	1	MO ATT	ENDING X	MEDICAL STA	CIAN T		2-5	- 81	
T	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	· N	1	22e ADDRESS		2					21
	CYNTH!	A A.F.	ORSTHORY	4	3100 M	yma.	n Panic G	R. BA	MT,	mur	EN	10
23	BURIAL, CREMATION, R	REMOVAL 23b. DATE	E 230	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUN	. Yu		ATE
	Cremation	2-7	-85 V	Vestvie	w Cremat	cory	Baltimo	re, M	arvl	and		
/84	FUNERAL DIRECTOR					25 DATE	REC'D. BY REGISTRAL	25b. REC/15	RAR'A	SIGNATU	JRE D	La
I	Ruck Towson I	Tuneral Hor	me, Inc. 7	lowson,	Md. 212	204	LED A 186	PU	Total States	- Fall Right	- 16-41	-

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

terminant in section 1966 and 1975 and the disputation of the State of the Company of the State South tourist Policy State of Landers Land Hand 1804 1 10 PM William Day X CM CHITTER A FORTER THE INFORMATION - MARTINE TO MARTINE TO THE PARTY OF THE PARTY OF

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

CONSTRUCTI 13e.STREET ADDRESS / ZIP CODE 1713A EDGEWOOD RD. 21234 SOUDERS 21234 E. MELLOTT1713A EDGEWOOD RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE (our) opinion death occurred on the date and haur and from the causes stated BURIAL BALTIMORE, MARYLAND 250 DATE REC'D BY REGISTRAR 256 REGISTBAR'S SIGNATURE
FFR 1 2 1085 Guha Davidson Mandese 24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN

STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

12 85

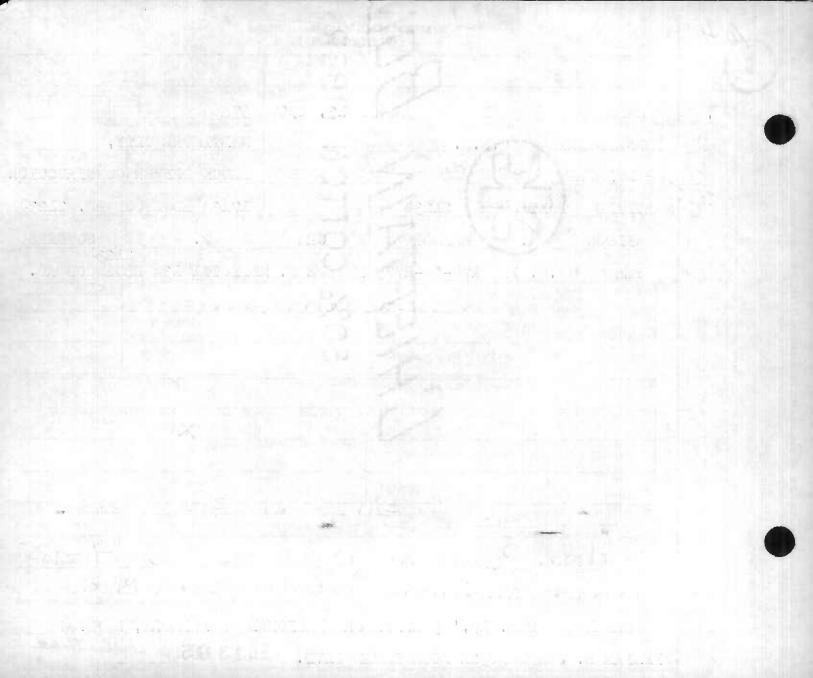
IF UNDER I YEAR

INDUSTRY

7h HOUR

12b. KIND OF BUSINESS OR

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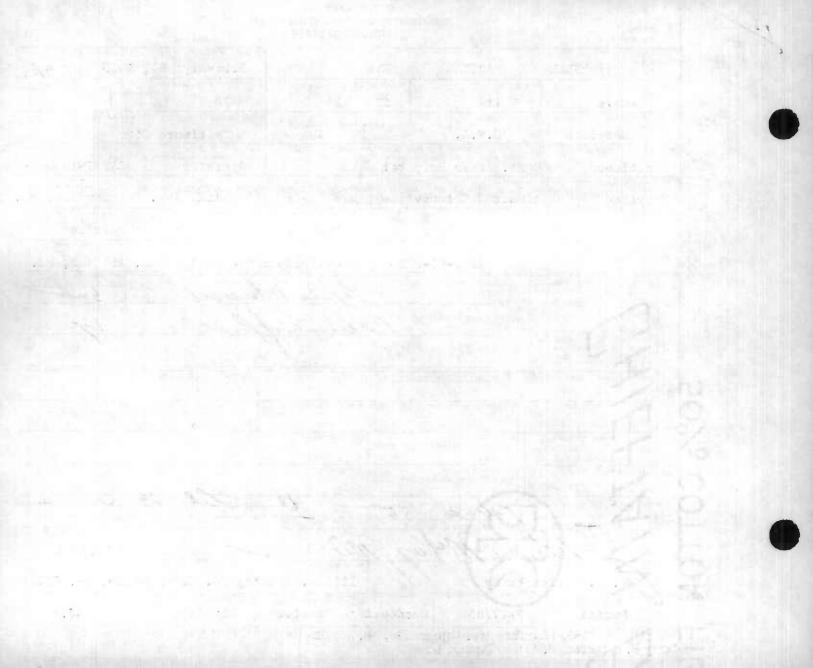
	). DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFI	CATE OF DEATH	REG. NO	O. YEAR 2b. HOUR
RE DO		CHARL			CER		2 18 85 12:20 P
9	a. SE	MALE	1. RACE CALLASIAN	S. DATE OF	BIRTH YEAR 15	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
35	Ta. B	IRTHPLACE ISTATE OR FOREIGN COUNTRY)  MARYLAND	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		R COUNTY OF DEATH
Section 1	B	ALTIMORE	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET  TO GOULD SEMENTIAL	Hospital		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Brakenan	
1135	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	0 1-11 0 0	WN		130.STREET ADDRESS /	
STATE OF THE PARTY	9	ATHER'S NAME FIRST By Cam	MIDDLE LAST MERCE		15. MOTHER'S MAIDEN NAM	WE	Esworthy
Poper		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SEC NE WAR OR DATES) 2.18 03		Berbera Dunce	ADDRE 332 T	ss helm. Avenue Glen Bu
on.  Hos been signed by the attending physic permit. Then please remove corbon poperene prior to buriol, cremation, or removant injury, or other troumatic event,	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause Io1, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF CISANDE OF WHICH	UENCE OF SCHOOL UENCE OF DEATH BUT N	Infa-ction  + Disease  HOT RELATED TO THE TERM	20a AUTOPSY?	DITION GIVEN IN PART ITO:  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
iding physici is certificate burial-transii   Mental Hygi	MEDICAL CERTII	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF ETTHER, NOTIFY MEDICAL EXAMINE CAUSE ON THE CONTRIBUTION OF THE C	R) P.M.  21e. PLACE OF INJURY	DAY YEAR 19	21c. HOW INJURY OCCURR	YES NO ENTER NATURE OF INJUR	
retoined by the haspital or offen TO FUNERAL DIRECTOR: Affer the should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked.	W	WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (I) (his hosp saw the deceased live or obove, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	(AT HOME, STREET, FACTORY, OFFICE  SITURD AT THE CONTROL OF THE CO	85 pte -	that in (my) (our) pinion of the control of the con	_, to February	ate and hour and from the causes stated  220. DATE SIGNED  18 Formary 1
E # 5 - 0 /		D ald Lea	701	1 1 112	112 00		



where the state of Series Series Concentrate Lines of the Series of the Serie 

2/	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
1 (1)	I. DECEASED NAME FIRST (TYPE OR PRINT) MARGA	RET	METLING	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2/ 28/1985 7:59 AM
ge 4 moy	3. SEX FEMALE	4 RACE WHITE	5. DATE OF BIRTH  MONTH  5. 1898	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ecoth. Pog	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Lithuania	76 CITIZEN OF WHAT COUP USA	NTRY? 8.  MARRIED NEVER MARRIED X  WIDOWED DIVORCED	
offer d	Baltimore City	Molohor Mile	ging Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housekeeper 12b. KIND OF BUSINESS OR INDUSTRY none
in 24 hour ly filled in should be f	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE 134 CITY OF Balt	imore YES X NO	13e STREET ADDRESS / ZIP CODE 105 N. Montford St., 21224
BALLIMOKE, MAKTLAND 2120  cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill you!  If the medical examiner must be must	14 FATHER'S NAME FIRST UNKNOWN	MIDDLE	15. MOTHER'S MAIDEN N FIRST UNKNOWN	MIDDIE LAST
n and co Poges I	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	LSECURITY NO. 17. INFORMANT 2-2780A Melchor N	ursing Home, Balto., MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON 91.,  ING PHYSICIAN: The low requires that the death certific a there are supported by the ottending phost the certificate has been signed by the ottending phost the burial-straint. Then please remove corbon though Mental Hygiene prior to burial, cremation, or remained mental Hygiene prior to burial, cremation, or remained or them 18 shows any injury, or other traumatic even		DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTING	ISEOUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low relicion.	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} \text{NO} \\ \text{C} \\ \text{YES} \\ \end{array}  \text{NO} \\ \end{array}
ON OF VITA  HYSICIAN: Th  riding physicic  ins certificate  buriol-tronsit  Mentol Hygi  or item 18 shg	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION O DIVISION O To other this cert of the buriol ith and Menti orked or then	AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,	7/1,0	CITY ORTOWN COUNTY STATE
TO HOSPITAL OR ATTEND TO FUNERAL DIRECTOR: A should be detached for use with the Stote Dept. of Heol	27a. I certify that (I) (this has saw the deceased alive a above. (II) we shall did in 27b. SIGNATURE 1.27a. LANGE THE LANGE AND A CONTROL OF THE LANGE AND	1 / 1 / 1		an death occurred on the date and haur and tram the causes stated
D € D € 3 €	230 BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	23b. DATE 3-2-85	236 NAME OF CEMETERY OR CREMATORY  Lorraine Park	Woodlawn Balto.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Henry Jenkins	& Sons Co.,	DDRESS 25g. D	R 5 1985 July Dungles Standard

Eurill 2-2-95 Lorrains Fank Moodlayn Balto. 16.No. Henry Jan ins & Son Co. Bello., Net.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

سن	1 - STATE REGISTRAR			EALTH AND MENTAL HY	GIENE REG. NO.	0 .7 .	
100	1. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
6	(TYPE OR PRINT)	SEPH	ME	YERHOFF		02 02 85	9.101
San San	3. SEX	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER I YEAR	R IF UNDER 24 HRS
	MALE	WHITE	APR	. 8, DAY 1899 YEAR	85	YRS.	HOURS MIN.
	70. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	RUSSIA	USA	WIDOW		BALTIMORE	E CITY	MD.
200	BALTIMORE	THE JO		OR OTHER INSTITUTION  NS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W EXECUTIVE		ESTATE
5	USUAL RESIDENCE (IF NURSING HO) 136. STATE MARYLAND	DUNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN SALTIMORE	134 INSIDE CITY LIMITS?	134 STREET ADDRESS / Z	E, APT. 9	01 #2120
2	4 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		4 ST
Z	OSCAR		RHOFF	HANN.	AH	UNKN	NWC
2	160, WAS DECEASED EVER IN U.S. 145, NO OR UNKNOWN) (# YE		SOCIAL SECURITY NO. 20-07-3873	17. INFORMANT M 1 SLADE AVE	RS. REBECOAREW ., APT. 901	BALTO, MD	F 21208
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF	Infarction		2	deup
		NT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TER	PMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	10
2	SUBQUESTING 190 DATE OF OPERATION 29 STATE OPERA		FOR WHICH OPERATION	N WAS PERFORMED		706. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
7	OR COLUMNIC CALLER O	FDEATH HOUR A.M.	URY MONTH DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAUSTICAL EXAUSTI	21e PLACE OF IN		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this h	- /	19 85 0	nd that in (my) (our) opinio	5 ta Z/Z		, that (I) (we) lost e causes stated
	27b. SIGNATURE	A Make		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DAT	E SIGNED
	MARIA T	ARISTI	weth MI)	JHH	60116	WolfE	At.
	230. BURIAL, CREMATION, REMO	736. DATE FEB.5,19	85 BALTII	EMETERY OF CREMATORY MORE HEBREW	REISPERST	OWN BALTO	s MD

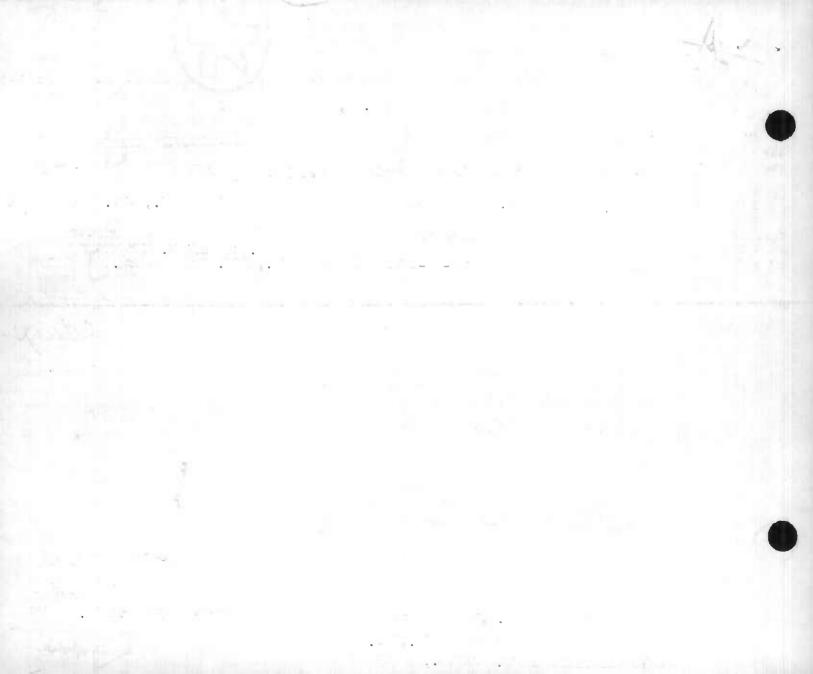
24 FUNERAL DIRECTOR

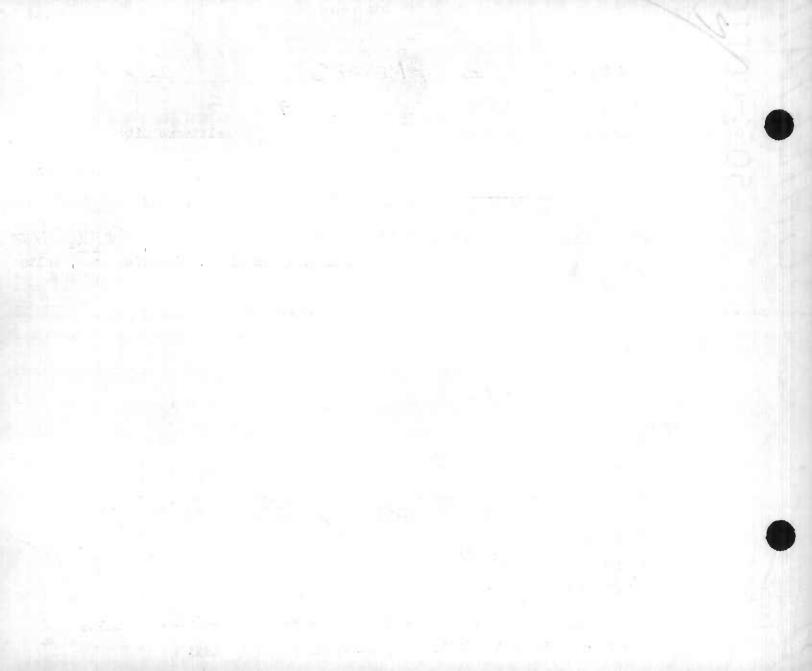
SOL LEVINSON & BROS., INC. BALTO, MD 21215

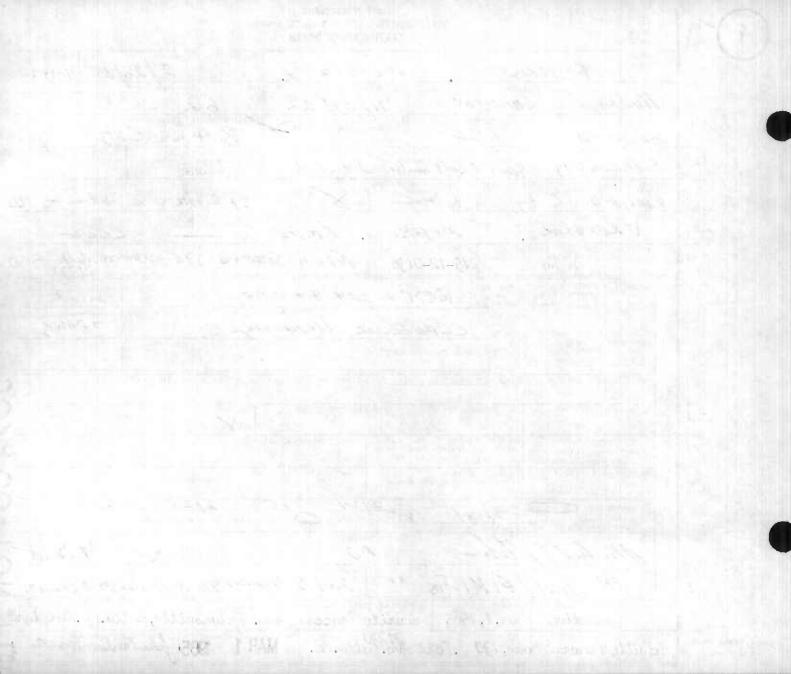
FEB 1 3 1985 ~ ~ midson Andrew

DHMH - 16 50M 4/83 (VRA 15, 4)

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23	FIR
-	10
-	

26 HOUR

126. KIND OF BUSINESS OR

Balto. Md. 21230

Hallemeyer

	1 - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MI CERTIFICATE OF DE	ATH O	D 4 0 B
	1 DECEASED NAME FIRST	MIDDLE	LAST .	20. DATE OF DEAT	• •
	GEON	9	Michel		d- 23.85 11
	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LA	
	male	White	3 19	YEAR DI	YRS. DAYS HOURS
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	9 BALTIMORE CIT	Y OR COUNTY OF DEATH
8	Florida	USA		ORCED CITY	BALTIMORE
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTIT	TUTION 120 USUAL OCCU	PATION 126. KIND OF BUSIN
7	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	öspital, Balto	.Md. Labore	OST OF WORKING LIFE   INDUSTRY !!!
	USUAL RESIDENCE (IF NURSING HOME O			Y LIMITS? 13e STREET ADDRE	SS / ZIB CODE
5	md =	BALT			ren Ave. Balto. Md. 2
	14 FATHER'S NAME		15 MOTHER'S		
0	John	"B. Michel	11	ary	Halleme
	16a WAS DECEASED EVER IN U.S. AF		JRITY NO. 17 INFORMAN	T AL	DDRESS
	(YES, NO OR UNKNOWN) (IF YES, GI	216-03-6	250 Mrs. Ma	rgaret E. Daughe	erty, Same as above
		nly one couse per line for iai, (b), on	id icil	1,	APPROXIMATE INT BETWEEN ONSET AN
	PART I. DEATH WAS CAUSE	TE CAUSE (a) LOCA	P AND UE	LYDERTION	several de
		DUE TO, OR AS A CONSEQUE	ENCE OF		
	Conditions, if ony, which		VAL CA	ILURE	dass
	gove rise to immediate				
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		ALCOHOLD BY AND
		( (c)			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED			S, WERE FINDINGS USED YING CAUSES OF DEATH	
			YES NO	YES	NO 🗌	
210. ACCIDENT WAS UNDERLYING	THE PARTY AND THE PARTY WELL	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)		

CERTIFICATION (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC )

22a I certify that (1) (this bootial) attended the deceased from sow the deceased alive an 223 19 sow the deceased alive an abave if we' (did) (did not) view the body ofter death and that in (my) (par) opinion death accurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

2,1m100,000 MERCY HOSP 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL

NOT WHILE

Holy Redeemen ent.

Maryland

STATE

24 FUNERAL DIRECTOR

MEDICAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Mc ully Funeral Home, 130 E. Fort Abe. Batto.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR: After

old be detoched the State Dept.

MPORTANT.

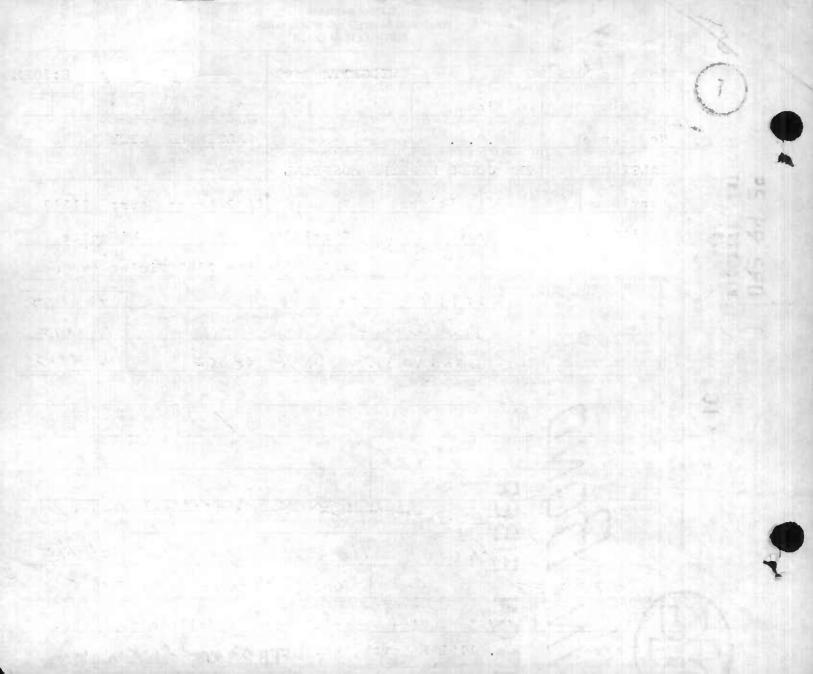
The second second Marie Marie Company and the company of the company The state of the s Commence of the control of the contr



FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE	
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Alphonso ANTHO	NY	MIDGETTE	02	24 85 8:30RM
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
Male	Black	11 26 56	28 YR	MONTHS DAYS HOURS MIN.
Ig BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED KNEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
New Jersey U.S.A.		WIDOWED DIVORCED	BALTIMORE	CITY MD.
10 CITY OR TOWN OF DEATH  BALTIMORE  11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  THE JOHNS HOPKIN			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 17.6. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 136, STATE			In STREET ADDRESS / 710 C/	anr.
Maryland	Baltimo		13e.STREET ADDRESS / ZIP CO	
14 FATHER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN N	IAME	
William	Moore	Geraldir	n e	Midgette
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		RITY NO. 17. INFORMANT	ADDRESS	Apt. 1206S
NO NO	VE WAR OR DATES)	Sadie Mid	lgette 2503 Vi	iolet Avenue
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) SEPTIC	SHOCK		48 hours
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) NEU M  DUE TO, OR AS A CONSEQUE  (c) NTRIFY	NCE OF DRUG	- ABUSE	11 days
		DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART Ita
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
an contraction of the course of the		YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
(IF ETHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	(AT HOME, STREET FACTORY, OFFICE, FA	ARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive an abave (1) we (did) did no	attended the deceased fram  Fermany 198  It view the bady after death.	and that in (my) (aur) apinia	n death accurred an the date and l	1, 19 , that (I) (we) last have and from the couses stated
22b. SIGNAPIPE	henother		MEDICAL STAFF DIRECTOR PHYSICIAN	2/2 4/85
ROUBENO		TOHNS	HOPKINS HOS	PITAL
230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BURIAL 24. FUNERAL DIRECTOR	3/2/85 Ki	ing Memorial Pa	rk Randallsto	wn, Md

Wm °C March F/H Inc. 110 PRESE North Ave.

DHMH - 16 50M 4/B3 (VRA 15, 4)





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	REGISTRAR				CATE OF DEATH	REG. NO.			
	CEASED NAME FIRE E OR PRINT) Mrs.	Edna Mil	ler	1	NST .	20. DATE OF DEATH M	y 22 1985	Zb. H	SUR S
3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		DER 24 H	
F	'emale	Caucasi	an	July	4 1901 YEAR	83	YRS. MONT	HS DAYS HOUR	S N
1	IRTHPLACE (STATE OR FOREIG COUNTRY)	Tork U.S.A.			DEVER MARRIED DEVER MARRIED DEVER	Baltimore City OR	0.1	DEATH	ME
Vas	ITY OR TOWN OF DEATH	Jenkins	Memorial N	TO HOWE O	POTHERINSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF TRETIFED Medic	WORKING LIFE)	N. KIND OF BUSINDUSTRY Secretary	
130.		DME OR OTHER INSTITUTION. COUNTY  Limore	GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Pikesvil	'N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 11 Sherwood		21	208
1/	ATHER'S NAME FIRST  • Edward McGover	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Katherine Fe	MIDDLE		LAST	
1	WAS DECEASED EVER IN U. WES, NO OR UNKNOWN) (IFY	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	083-01-2		17. IN MASYAN Dorothy 11 Sherwood		kesville		208 rlan
	IN CAUSE OF DEATH IS								
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NO	Conditions, if any, which gove rise to immedia cause (a), stating the underlying cause la	AUSED BY:  EDIATE CAUSE (a)  DUE TO, OI  the  he  St.  (c)  (c)	R AS A CONSEQUE	ENCE OF C	VD		ITION GIVEN	20	AZ AZ AZ
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CAL CERTIFICATION	PART I. DEATH WAS C IMM  Conditions, if any, white gove rise to immedia cause late and in the cause late and in the cause late and in the cause late and lat	AUSED BY: EDIATE CAUSE (a)  DUE TO, OI  the be Color (c)  ANT CONDITIONS CO  196 CONDI  196 CONDI  197 CONDI  198 CONDI	R AS A CONSEQUE  CONTRIBUTING TO E  TION FOR WHICH  FINJURY  M. MONTH DA	ENCE OF CUMENCE OF CUMENCE OF COLORS	ONIA  VD  NOT RELATED TO THE TERM  WAS PERFORMED	AINAL DISEASE OR COND	206. IF YES, WI IN CERTIFYING YES	2 D  10 y  IN PART I (a)  ERE FINDINGS U  G CAUSES OF DE	AY-
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING			NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	AINAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{YES} \)	20b. IF YES, WI IN CERTIFYING YES [	2 D  10 y  IN PART I (a)  ERE FINDINGS U  G CAUSES OF DE	AY-	
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23c. NAME OF CEMETERY OR CREMATORY

Westview Crematory

DHMH - 16 50M 4/B3 (VRA 15, 4)

Feb. 25, 85 Westview Cro Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

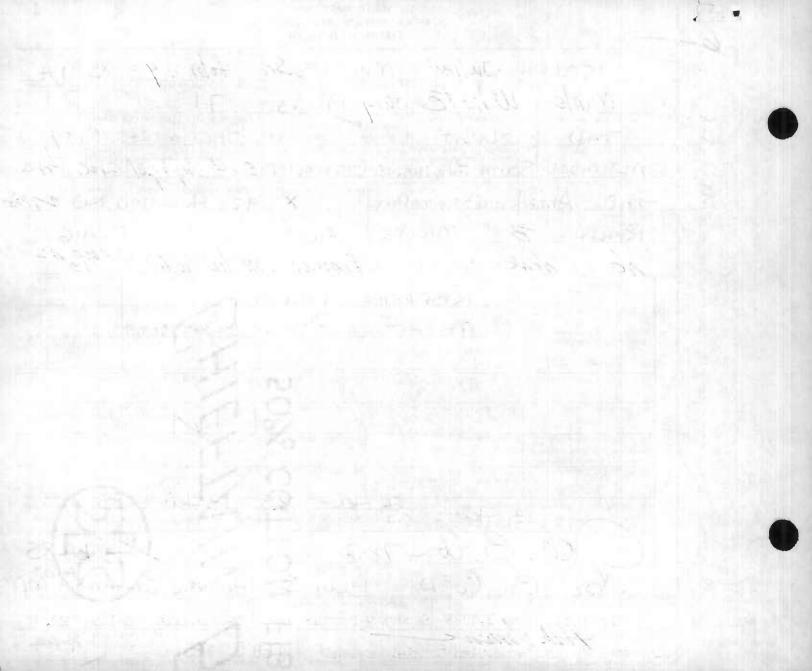
236. BURIAL: CREMATION, REMOVAL (SPECIFY) **Cremation** 

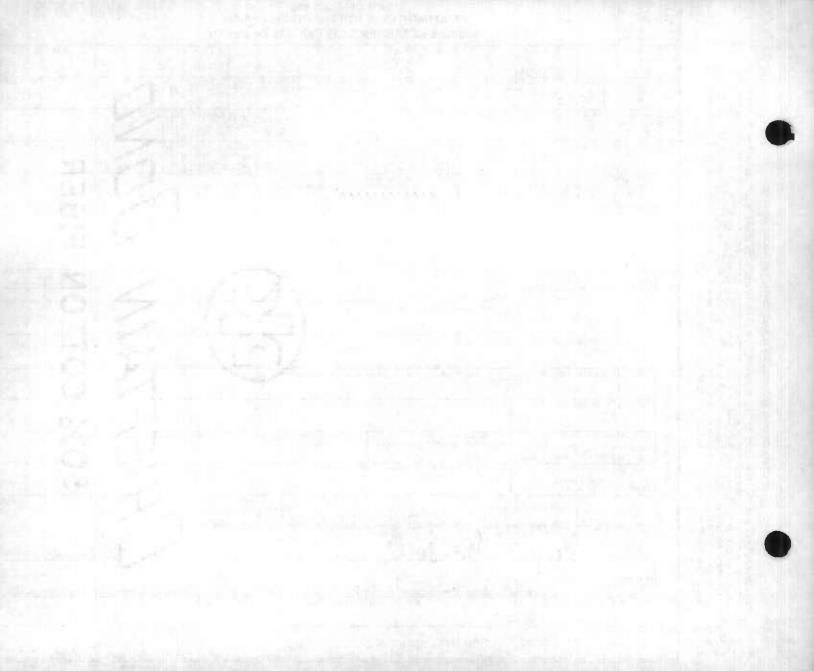
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CITY OF TOWN
Catonsville Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 2 6 1985

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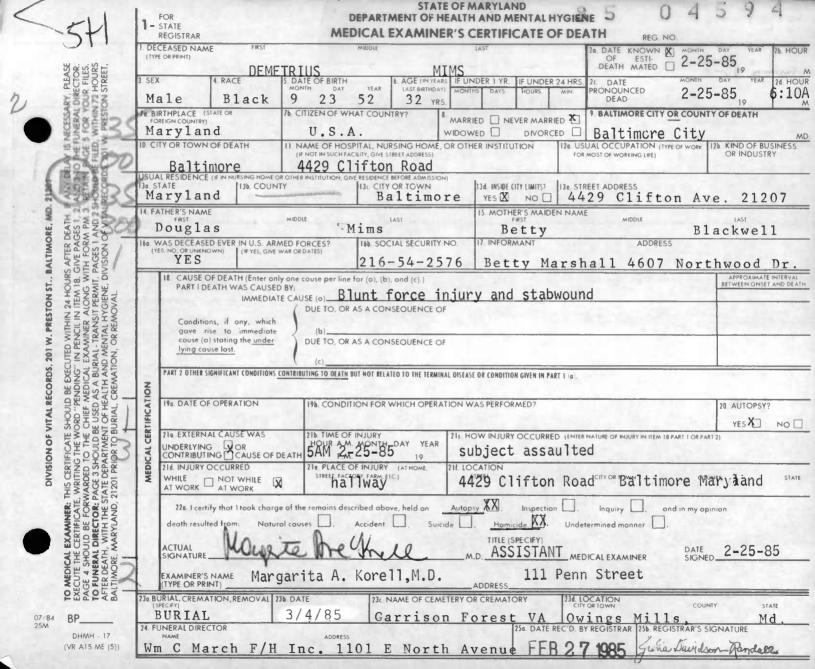
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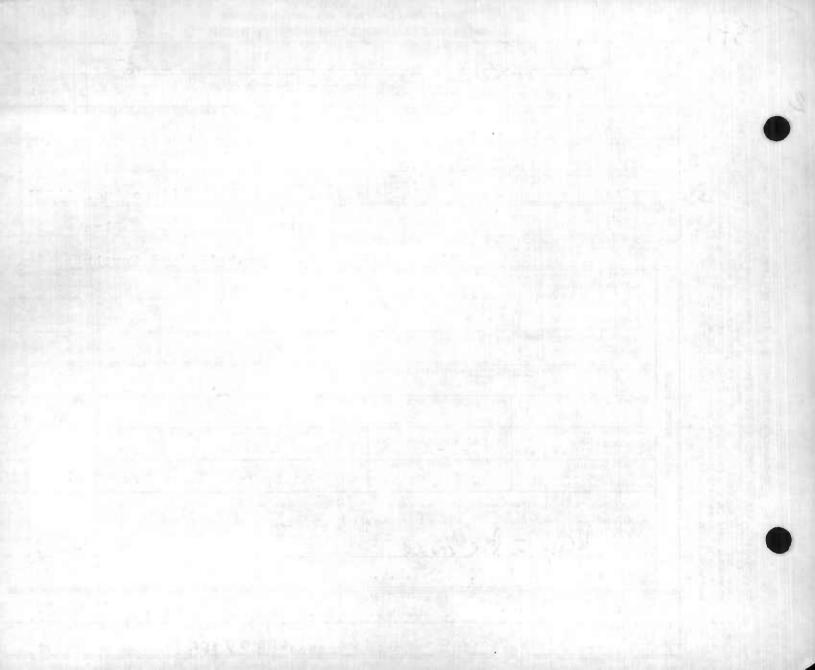
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	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
6		REG. NO.
m 5		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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9 6 X A		RTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
9 8		m) MSH WIDOWED DIVORCED DALTIMORE (ITY MD.
1 11 7/2	III CI	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. KIND OF BUSINESS OR  12. KIND OF BUSINESS OR  13. KIND OF BUSINESS OR  14. KIND OF BUSINESS OR  15. KIND OF BUSINESS OR  16. KIND OF BUSINESS OR  16. KIND OF BUSINESS OR  17. KIND OF BUSINESS OR  18. KIND
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BAL cote cote operion operion ot, th		18 CAUSE OF DEATH (Enter only one couse per June 405 (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
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TON orth c corb, or motic		Conditions, if any, which ( th) METASTATIC PROSTATIC CARCINOMA
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s the sed be oleos		(c)
DS, Sugn sugn hen I to bu	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certif r after the continuous signed by the attending pi os the barrier from Then please remove carbons the ox. When the continuous control is a control ox rem or the oxide that the control ox rem or the oxide that the control oxide the control oxide oxide.	CERTIFICATION	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
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OF VI		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIEY MEDICAL EXAMINER) P.M. 19
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VISI Offer offer offer ke	Z	WHILE NOT WHILE AT WORK AT WORK
0 0 0 0 0		220.1 certify that (I) (this hospital) attended the deceased from 2 1985, to 3 etc., 1985, that (I) (we) lost
R ATTEN hospital RECTOR RECTOR for und for und them 21 is		saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we had did (did not) view the bady after death)
		276 SGNATURE DEGREE 276. DATE SIGNED
AL O AL D detoc of the D detoc		ACC (2. Com Mid. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR
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D 5 7 4 3 3	23a E	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE
BP		Cremation Feb 3,1985   Security Process Inc.   Catonsville Balto Md.
DHMH - 16 50M 4/83		UNERAL DIRECTOR ADDRESS 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE GUILLA JULIANA
(VRA 15, 4)	Si	ingleton Funeral Home, Glen Burnie, Maryland FEB 5 1985 guna Davidson Maryland











DEPARTMENT OF HEALTH AND MENTAL HYGIENE

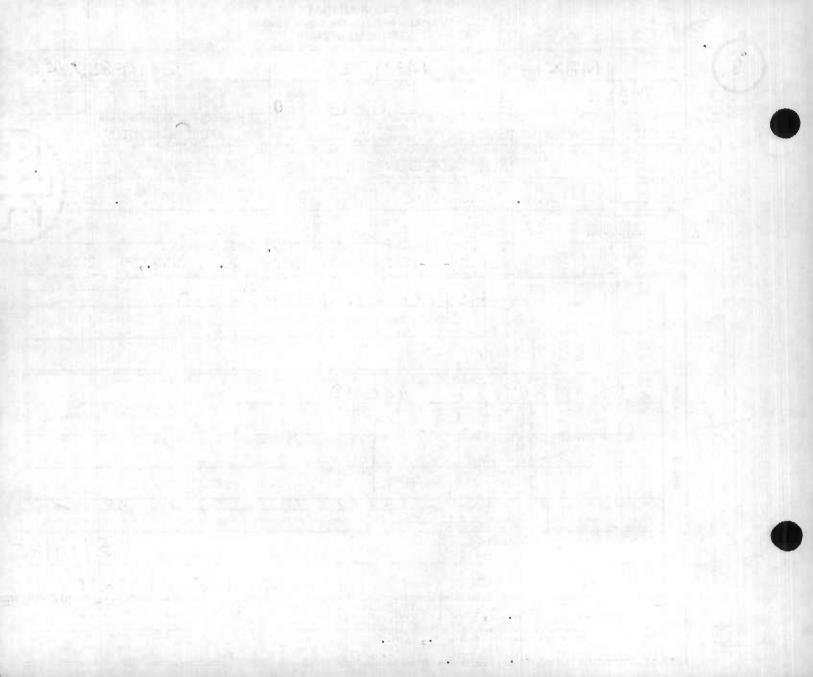
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	7	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DBY.  DUE TO, OR AS  (b)  DUE TO, OR AS	SPRI S A CONSEQUENCE S A CONSEQUENCE	E OF		) MONII			
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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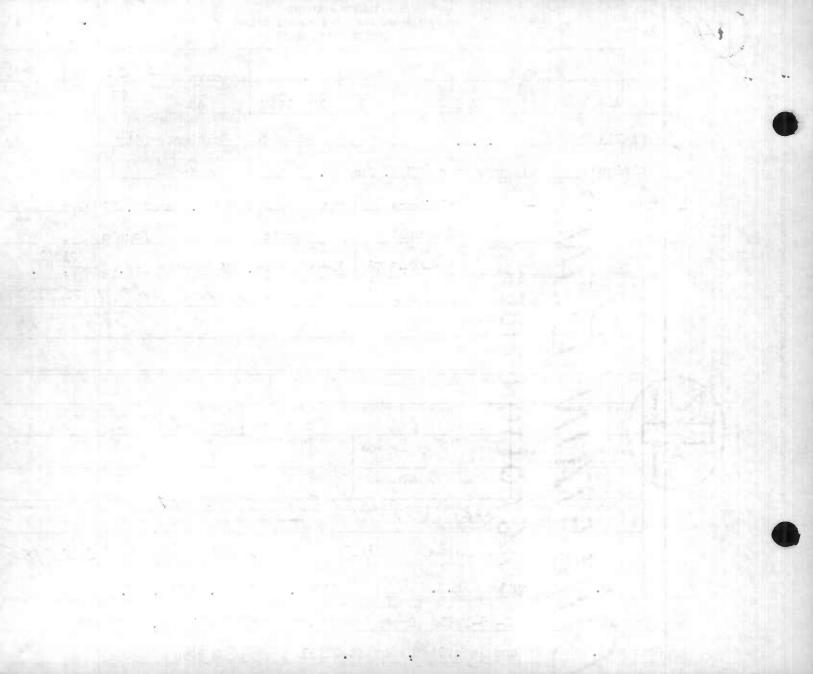


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121			(did not) view the body after	death.		death accorred on the date		
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=		Hon	ry Jole	RCK 1	1 D PHYSICIAN		IND 2-1	11-0
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		(SPECIFY)		100 00000		CITY OR TOWN	COUNTY	STAT
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83		NAME	12/11/01	ADDRESS	M3	FR 2.2 1985	Grina Davidson	1.10
	S	ingleton Fun	meral Home, Gl	en Burnie,	Maryland   F	FR 22 1985		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST MIDDL LAST 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) ANTHONY MODZI EWSKI AGE (IN YEARS LAST SIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR ector, rs aft DAYS MONTHS HOURS MALE CAUCASTAN 1917 70. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND Baltimore City WIDOWED DIVORCED TX IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Lemko Home 603 S. Ann Maritime Seaman USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Raltimore NO 603 S. Ann St. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Stanley Modzlewski Bertha Beroba 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 21221 216-01-9076 Laura Kalwa. AN Dorothy Ave. Essex. Md Yes WW TT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR, AS A CONSEQUENCE OF PERTENSION ARIKER Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS. CERTIFICATION 0 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED å IN CERTIFYING CAUSES OF DEATH? Dec NOP YES [ NO I ntol Hygi 21 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ž 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended/the deceased from sow the deceased alive on and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED -ATTENDING should be detai MEDICAL STAFF PHYSICIAN MI DIRECTOR PHYSICIAN FUNERAL MPORTANT, 22d. PHYSICIAN'S NAME CHIPE OR PRINT 22e ADDRESS Dr. Henry Houska M.D. 333 S. East Ave. Balto. Md. 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE STATE Cremation 2-25-1985 Green Mount Crematory Baltimore, Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 www. Handall George A. Weber & Sons Inc. 705 S. Ann St. 21231 (VR A 15 (4))



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## DEPARTMENT OF REALTH AND MENTAL HYGIEN

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		BURIAL, CREMATION,	REMOVAL	23b DATE 2-19-	- 10		Heart of		23d LOCATION CITY OR TOWN	Balt	COUNTY	M.	STATE
	24 FL	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRA	25b. REGIS	STRAR'S SIG	NATURE	

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(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complishould be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

MPORTANT: If them 21 is marked at Item 18 shows any injury, or ather traumatic event, the

24 FUNERAL DIRECTOR

Charles S. Zeiler & Son Inc. 901 S. Conkling St

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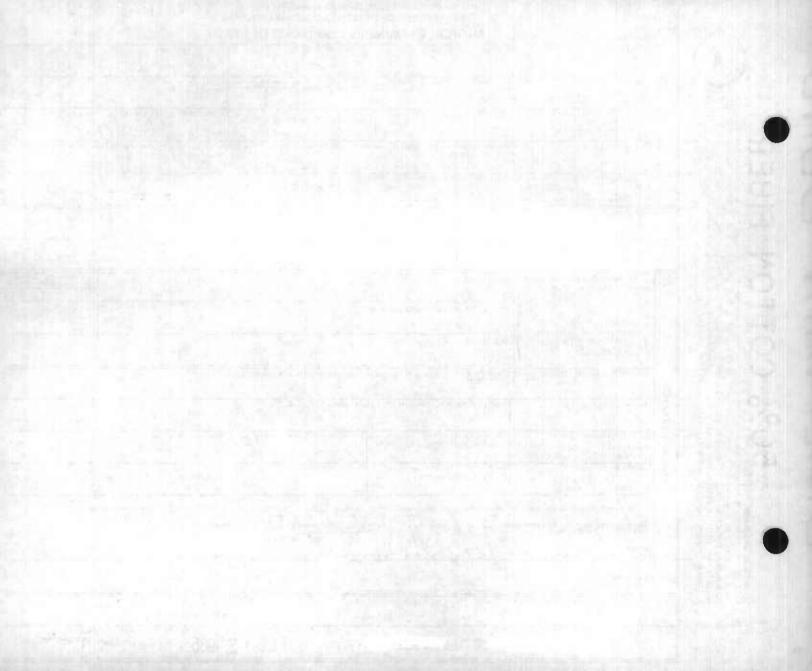


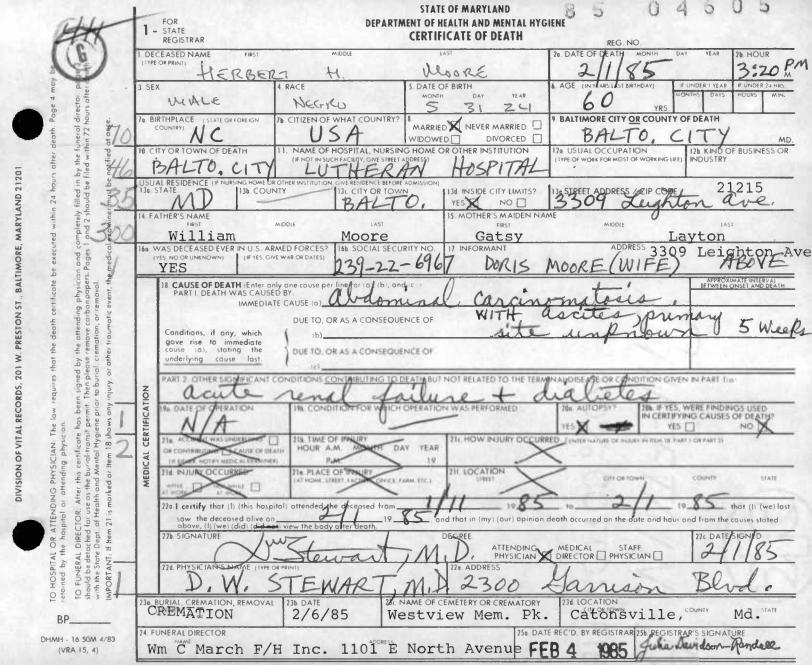
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEKTIFICA	IL OF D	EAIN		REG. NO	).				
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B. FATHER'S NAME	MIDDLE	LAST	15. /		MAIDEN NAM	ΛE	WIDDLE	11/2	PAJ.	LAS		
Charles	W.	Wagne	r		nna		Marie	2				annon
WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	RITY NO. 17	INFORMA	NT	6	P.O.F	Sox 1	642	75		
NO (IF YES,	GIVE WAR OR DATES)	184-22-6	929	Thoma	s S. Mc	oney	Ojai,			nia	9302	23
18 CAUSE OF DEATH (Enter		line for (a), (b), and	107	-1	1,	7.61				APPROXI	MATE INTER	DEATH
PART I. DEATH WAS CAL	ISED BY: IATE CAUSE (o)	Spp	tic.	She	De			-6				
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Canditions, if any, which	( (b)_	Gram		ati	ve :	Sep	tice	mic	2			
gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF /		1	1	V	1				
underlying cause lost	( (c)	105	sible	UH	der	4119	1/a	/19 no	anc	4.		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO D	EATH BUT NOT	TRELATED	TO THE TERM	MAL DISEAS	E OR CONS	DIVON GI	IVEN IN	PART 110	1.7	1
& ASCUD,	HTN	Coro	nay/	Anle	y flis	care		one	Ups	level	nor te	lmono
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDI	TION FOR WHICH (	DPERATION W.	AS PERFO	MAD .	200 AUTO	DPSY?	20b. IF YE	ES, WER	E FINDIN CAUSES	OF DEAT	D Dried
T A T			11			YES 🗌	ио 🗌		ES 🗌		NO [	
	- 110110 4	FINJURY M. MONTH DA'	Y YEAR	E. HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM 18	PART I OF	PART 2)		
IF EITHER, NOTIFY MEDICAL EXAMI	INER) P./		19						LY:	100	11111	0.000
21d INJURY OCCURRED	21e PLACE (	DF INJURY EET, FACTORY, OFFICE, FA		LOCATIO	N		CITY OR TON	NN	CC	YINUC		STATE
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22a I certify that (I) (this ha		e deceased from	85 11	31	, 19	, to	120		. 19		that    (	
saw the deceased alive above, (1) (we) (did) (did	nat) view the bady	ofter death.			(our) opinion d	Jeoin occurre	d on the do	ite and ha	-			
276 SIGNATURE	00.		DEGI		TTENDING	MEDICAL	STAF	F	12	R. DAIE	SIGNED	
22d PHYSICIAN'S NAME (114	nee			e ADDRES	HYSICIAN	DIRECTOR	PHYSIC			V/1	1/8.	١.
			226	e ADDRES	C+	A	Ba	altim		, Ma	1 /	5.07
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23a: BURIAL, CREMATION, REMOV (SPECIFY)			AME OF CEME				ORTOWN	1	cour	YTY	2.0	STATE
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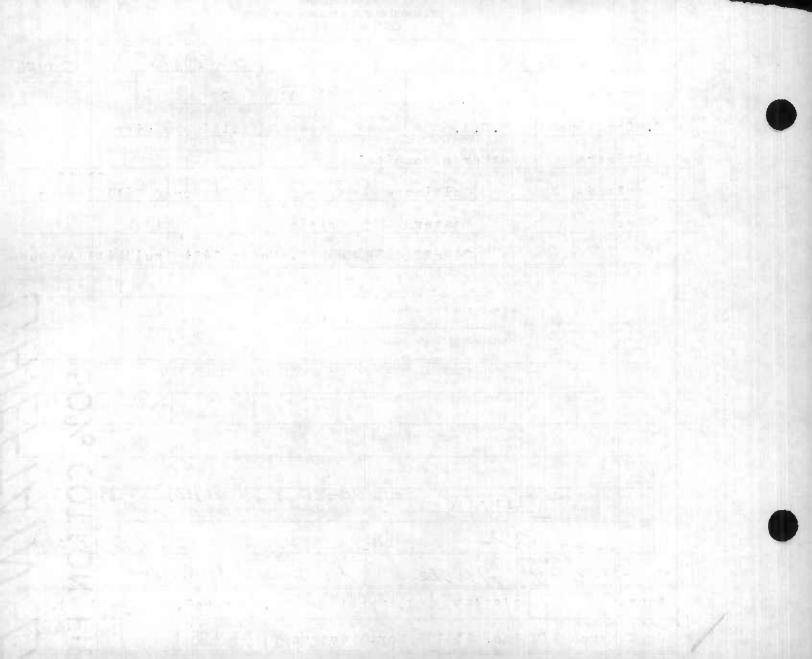
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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

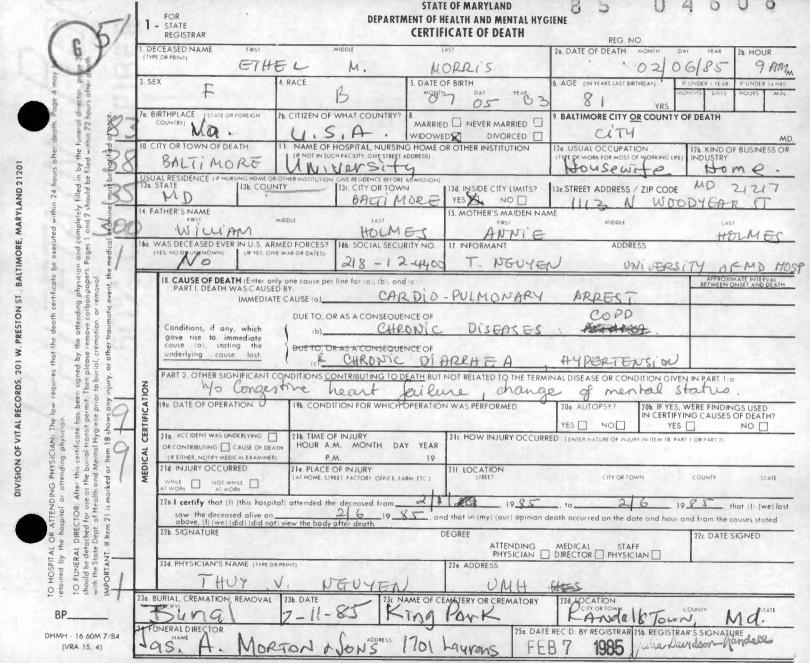
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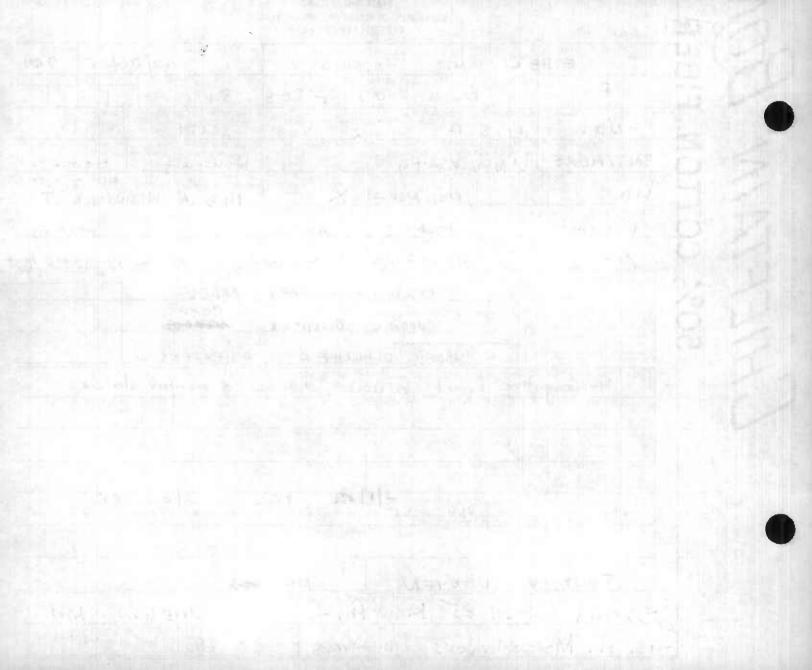
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	FOR	
-	STATE	
	REGISTRAR	

DECEASED NAME

Male

TYPE OR PRINT!

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

5. DATE OF BIRTH

MORRIS

CERTIFICATE OF DEATH

	TO DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR	
	FEBRUARY 1.	198	5	10:	2.25m	
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS		
	66 yrs.	MONTHS	DAYS	HOURS	MIN.	
-	RAITIMORE CITY OR COUNT					

BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN
Pennsylvania	U.S.A.

4 RACE

FIRST

MELVIN

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

May 10, 1918

BALTIMORE CITY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Plumbing

MIDDLE

ID. CITY OR TOWN OF DEATH BALTIMORE 130 STATE Md.

Balto. dings Miles

Morris

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

H

White

13e.STREET ADDRESS / ZIP CODE Rd. 13d. INSIDE CITY LIMITS? YES [] NO A 15. MOTHER'S MAIDEN NAME Elffira

Smith

FATHER'S NAME Jacob

Elmer IN WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

166 SOCIAL SECURITY NO 184-16-0579

JOHNS HOPKINS HOSPITAL

17. INFORMANT

108 Wengate Road, Dorothy E. Morris Owings Mills, Md.

Canditions, if any, which gave rise to immediate cause (a), stating the

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF YPERTENSION

CONDITION FOR WHICH OPERATION WAS PERFORMED

PULMONARY ARREST

DUE TO, OR AS A CONSEQUENCE OF

40 minutes

21117

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

1	140 DATE OF OPERATION
١	
4	21a ACCIDENT WAS UNDERLYING
1	OR CONTRIBUTING CAUSE OF DEATH
1	(IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES | 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION CITY OR TOWN

COUNTY STATE

saw the deceased alive an. above. (1) (we) (did) (did and not) view the bady after death 22b. SIGNATURE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

22c DATE SIGNED

HOPKINS JOHNS HOSPITAL

230. BURIAL, CREMATION, REMOVAL (SPECIF Burial

73c NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

WoodPawn. Balto COUNT Md.

TH FUNERALL Owings Mills, Md.

22a I certify that (1) (this haspital) attended the deceased from

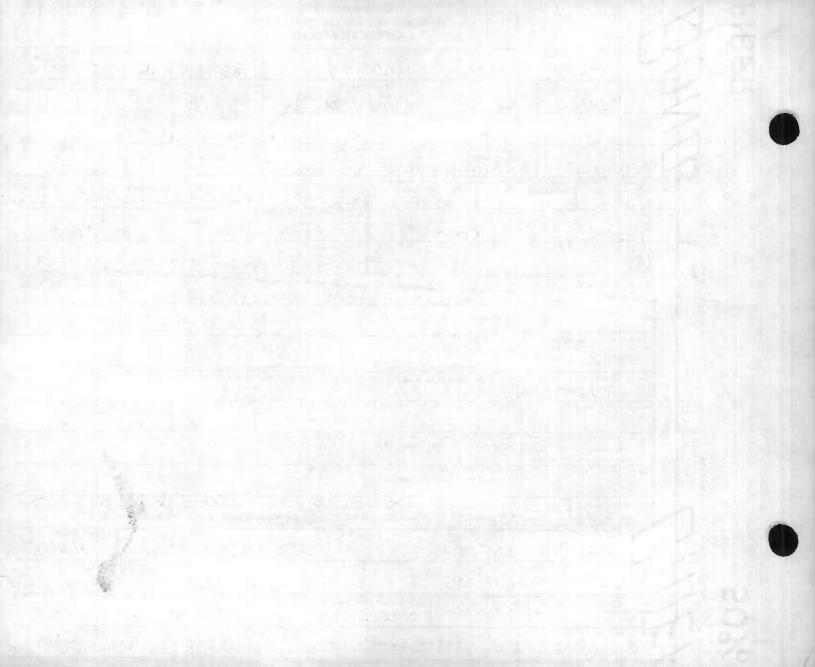
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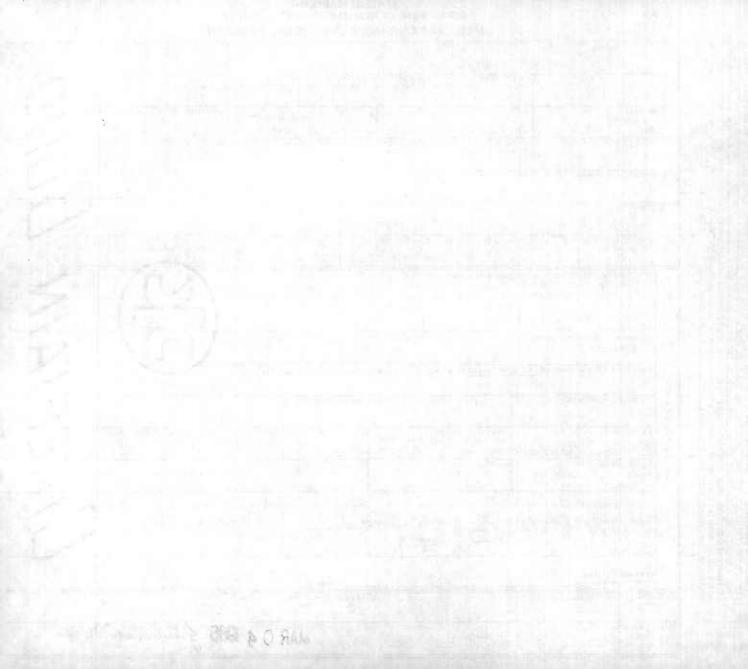
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- Thired	-	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	(TYF	USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OF
07/2	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)						
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<u> </u>		Randolph		Crowner		Cora		ADDR		Hopkin	15
medico		VAS DECEASED EVER IN U.S. A	RMED FORCES?  IVE WAR OR DATES)	16b SOCIAL SECU	URITY NO.	1. INFORMANT					
E		NO		218-07	-8277	James L.	. Mo	sley 30:	23 Fe	ndall	Road
nen preose re to burial, cren ijury, or ather	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE T	TERMINAL	DISEASE OR CON	DITION GIVE	EN IN PART 10	0
5 5-	CERTIFICATION	175 PIRATION	M PINEUTYT	TION FOR WHICH	H OPERATION	WAS PERFORMED	1 2	70a AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
ws o	5	THE DATE OF CITEMATION	112 00110	mo. Tokprine.		THE TENT OWNED		_ \	IN CERTIF	YING CAUSES	OF DEATH?
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2 0		sow the deceased alive of above, (1) (we) did) (did n	not) view the body	ofter deoth.	85 , ond	that in (my) (our) opin	nian deatl	h occurred on the d	ote and hour	and from the	couses stated
ten Hem		22h. SIGNATURE			DE	GREE				22c DATE	SIGNED
ت <del>د</del> ت		Robert Del	Mulo.	MD		ATTENDIN PHYSICIA	N DI	RECTOR PHYSIC	IAN	9	116/85
A Z		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		7	22e ADDRESS				1 e Dere	AT
IMPORTANT:		KOBERT DE M	ARCO	MD	4	SINAI HUS	P 01	PBALT	GREET	NSPRIN	16 212
<u>×</u>	73c	BURIAL, CREMATION, REMOVA	L 23b DATE		NAME OF CEA	AETERY OR CREMATO	DRY I	23d LOCATION			
		BURIAL	2/22			Star Ce		Baltimo	re.	COUNTY	Md STATE
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oy if	B	2 Timbre Lutheray Tospital Tsashap Tsashap School	10
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		22a.1 certify tha	t (1) (this hosp	tal) attended th	e deceased from_	Febru	iary 4		to_Febr	mary 8	. 1985	that (1) (we) last

saw the deceased alive on Tohmany obove, (I) (we) (did) (did not view the body after death

DEGREE

23c NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

City,

23b DATE

22e ADDRESS

VAMC, Baltimore, Maryland 21218

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR

2-12-85 Loundon Park 23d LOCATION
CHYORTOWN
Balto. PEGIS PAR 25 REGIS PARSSIGN

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

FEB 11 Raymond C. Fink Funeral Glen Burnie, Md

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

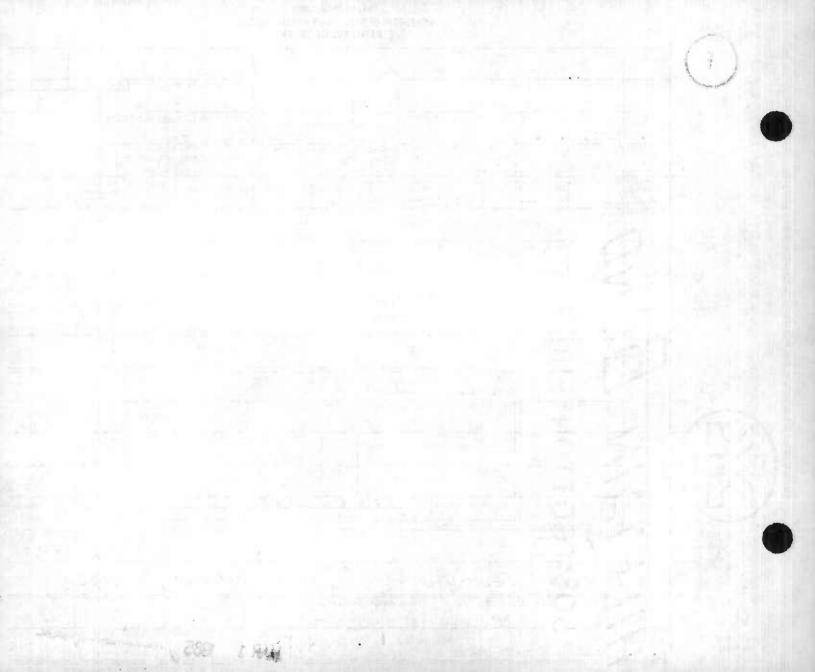
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BP.

should be detached for use as the burial-transit permit. I IMPORTANT: If them 21 is marked ar Item 18 shows

OR ATTENDING PHYSICIAN.

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within 24 has

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital ar attending physician.

BP. DHMH - 16 50M 4/E (VRA 15, 4)

	1-	FOR STATE REGISTRAR	DEPARTMENT (	TATE OF MARYLAND OF HEALTH AND MENTAL HYGI TIFICATE OF DEATH	ENE 8 5		1 9
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medicol exam		/AS DECEASED EVER IN U.S. ARM			ADDRE		
burd, crematian, ar removy, or after traumotic even	Z	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost  PART 2. OTHER SIGNIFICANT CO		) ) );	MONUS INAL DISEASE OR CONE	DITION GIVEN IN PART 110	
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ITION WAS PERFORMED	20c AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTIFY MORE AT WORK		19 211 LOCATION	ED (ENTER NATURE OF INJUR		STATE
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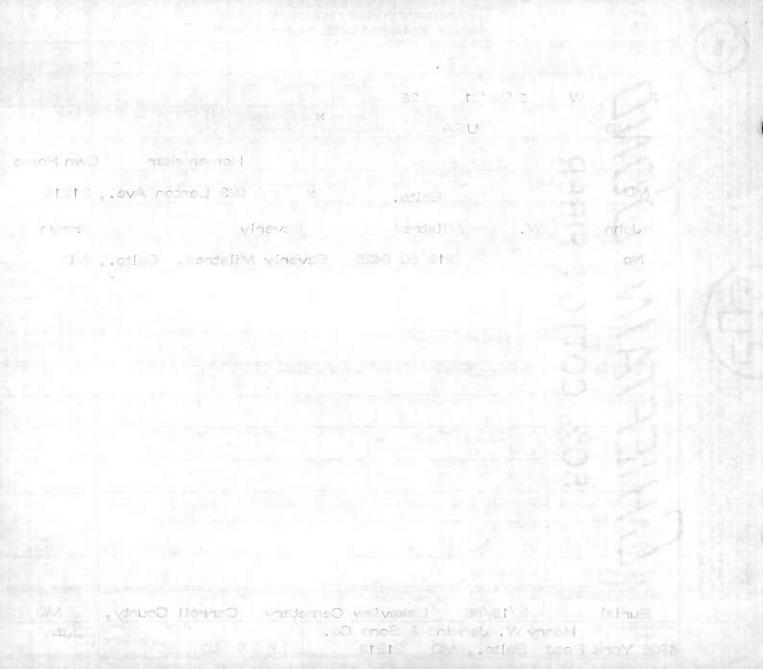
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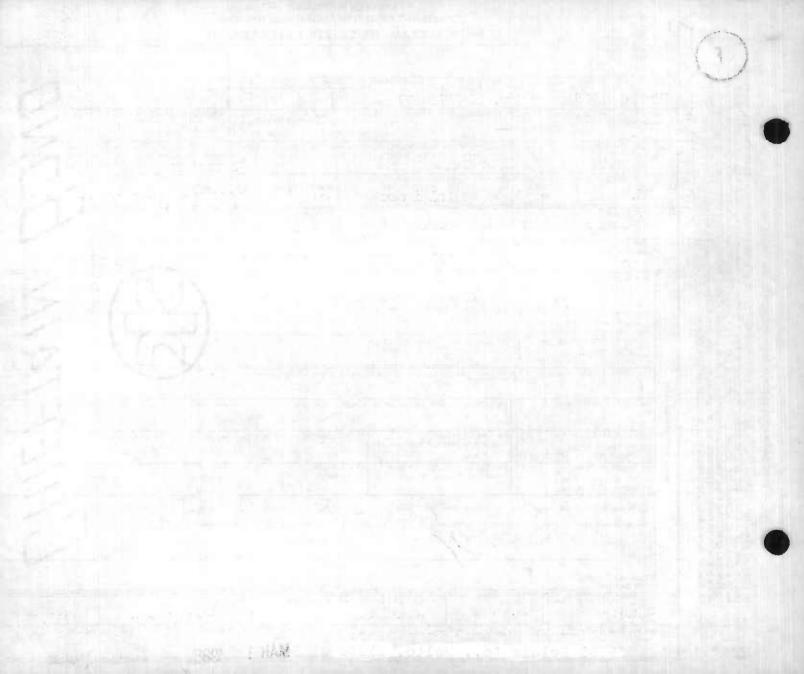
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